2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L0000000532 1. Entity Name CENTAURO LLC

FILED May 22, 2002 8:00 am & Secretary of State 05-22-2002 90210 002 ****50.00

Principal Pla	ce of Business	Mailing Address						
801 BRICKELL KEY DRIVE. STE. 802 MIAMI FL 33131		601 BRICKELL KEY DRIVE. STE. 802 MIAMI FL 33131			86988			
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt	, #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Sta	te	City & State	City & State		4. FEI Number 65-0973717 Applied For			
Zip	Country	Zip	Country	- 	INOL Applicable			
y -			Country			☐ \$5.00 A	dditional red	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent				
VAZQUEZ, GERARDO A ESQUIRE			Name	14ding				
601	BRICKELL KEY DRIVE, STE. 8 MI FL 33131		Street Addre	(P.O. Box Number is Not Acceptable)				
			City			FL Zip Co	de l	
8. The above	named entity submits this stateme	of for the purpose of changing it	to recipies and all					
SIGNATURE	Signature, typed or printed name of registered a		`.==		, in the State of Florida			
		 	TE: Registered Agent signature requ			DATE		
		Make Check P	IOW!!! FEE IS \$50.0 ayable to Departmen ue By May 1, 2002	t of State				
9.		MBERS/MANAGERS	10.		ADDITIONS/CHA	ANGES		
TITLE	MGRM	☐ Delete	TITLE			☐ Change	Addition	
NAME Street Address : City-St-Zip	GRUPO EMPRESARIAL CEN 601 BRICKELL KEY DRIVE, \$ MIAMI FL 33131	NAME STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME			الماد		
STREET ADDRESS C/TY-ST-ZIP	<u></u>	<u></u>	STREET ADDRESS CITY-ST-ZIP	some e est une la	. 2:24 - 1944			
TTLE I		☐ Delete	TITLE			☐ Change	Addition	
TREET ADDRESS			NAME				1	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
ITLE		☐ Delete	TITLE			☐ Change	Addition	
IAME			NAME			□ onange	☐ MOUNTON	
TREET ADDRESS TY-ST-ZIP			STREET ADDRESS					
TLE			CITY-ST-ZIP					
AME		☐ Delete	TITLE			☐ Change	☐ Addition	
TREET ADDRESS			NAME STREET ADDRESS				[
ITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TLE		☐ Delete	TITLE			☐ Change	Addition	
AME			NAME			C. Outride	TT WOURDII	
TREET ADDRESS TY-ST-ZIP			STREET ADDRESS					
	welf all a all a life and a life		CITY-ST-ZIP			_	}	
I DBLGDA CE	ertify that the information supplied w	ith this filing door not qualify for	م در و در داند سالت سالت می استان					

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE REQUIRED SIGNATURE:

SIGNATURE AND TYPEO OF PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #