

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 28, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000000658****1. Entity Name**

ACTIVA CAPITAL MANAGEMENT, L.C.

Principal Place of Business

10800 BISCAYNE BLVD., STE. 580

MIAMI
33161

FL

Mailing Address

10800 BISCAYNE BLVD., STE. 580

MIAMI
33161

FL

2. Principal Place of Business

19355 NE 36TH COURT

Suite, Apt. #, etc.

18K

City & State

AVENTURA

FL

Zip

33180

Country

3. Mailing Address

19355 NE 36TH COURT

Suite, Apt. #, etc.

18K

City & State

AVENTURA

FL

Zip

33180

Country

4. FEI Number

Applied For

☒ Not Applicable**5. Certificate of Status Desired**☐**\$5.00** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentBOLANOS, TRUXTON & YOUNGS, P.A.
2121 PONCE DE LEON BLVD., STE. 600

CORAL GABLES

33134

US

FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/28/2001

DATE

FILE NOW!!! FEE IS \$50.00**Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS**

| TITLE | MGR | <input type="checkbox"/> Delete |
|----------------|--------------------------------|---------------------------------|
| NAME | AZOUT JOSE R | |
| STREET ADDRESS | 10800 BISCAYNE BLVD., STE. 580 | |
| CITY-ST-ZIP | MIAMI FL 33161 | |

| TITLE | <input type="checkbox"/> Delete |
|----------------|---------------------------------|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | <input type="checkbox"/> Delete |
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| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |

| TITLE | <input type="checkbox"/> Delete |
|----------------|---------------------------------|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

10. ADDITIONS / CHANGES

| TITLE | MGR | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|-------------------------------|--|-----------------------------------|
| NAME | AZOUT JOSE R | | |
| STREET ADDRESS | 19355 NE 36TH COURT, APT. 18K | | |
| CITY-ST-ZIP | AVENTURA FL 33180 | | |

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|---------------------------------|-----------------------------------|
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| NAME | | |
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| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| NAME | | |
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| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|---------------------------------|-----------------------------------|
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. I hereby certify that the information supplied with this filing 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jose R. Azout

mgr

01/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)