

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90586 029 \*\*\*\*50.00

**DOCUMENT # L00000004594**

1. Entity Name

**GIEO, LLC**



Principal Place of Business

**1790 CORAL WAY, SUITE 202  
MIAMI FL 33145**

Mailing Address

**1790 CORAL WAY, SUITE 202  
MIAMI FL 33145**

**44002500**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1058890**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LINARES, JUAN MANUEL  
1790 CORAL WAY, SUITE 202  
MIAMI FL 33145**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete  
NAME **LINARES, HERNAN**  
STREET ADDRESS **1790 CORAL WAY, SUITE 202**  
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **MGR** ☒ Delete  
NAME **OLIVEROS, PABLO**  
STREET ADDRESS **1790 CORAL WAY, SUITE 202**  
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **MGR** ☒ Delete  
NAME **MORENO, JAIME**  
STREET ADDRESS **1790 CORAL WAY, SUITE 202**  
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **MGR** ☒ Delete  
NAME **ARBOLEDA, MAURICIO**  
STREET ADDRESS **1026 TRAPPER HILL DRIVE**  
CITY-ST-ZIP **HOUSTON TX 77077**

TITLE **MGR** ☒ Delete  
NAME **PORTER, CYNDI**  
STREET ADDRESS **2418 TRACE OAK**  
CITY-ST-ZIP **SAN ANTONIO TX 78232**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MANAGING MEMBER** ☐ Change ☒ Addition  
NAME **VUC, LLC**  
STREET ADDRESS **1790 CORAL WAY, SUITE 202**  
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE **MANAGING MEMBER** ☐ Change ☒ Addition  
NAME **GRAYLAND WORLDWIDE INVESTMENT LTD**  
STREET ADDRESS **1790 CORAL WAY, SUITE 202**  
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE **MANAGING MEMBER** ☐ Change ☒ Addition  
NAME **UNIVERSIDAD LOS LIBERTADORES**  
STREET ADDRESS **1790 CORAL WAY, SUITE 202**  
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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

Date

Daytime Phone #

**4/30/03**

**305-285-1234**

CR2E083 (10/02)