


LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 0000000 5313	
1. Entity Name UMBRIEL, LLC	


FILED
03 JAN 22 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9130 S. DADELAND BLVD		3. Mailing Address SAME	
Suite, Apt. #, etc. 1504		Suite, Apt. #, etc.	
City & State Miami		City & State	
Zip 33156	Country USA	Zip	Country

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DO NOT WRITE IN THIS SPACE	4. FEI Number 04-3672613		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name MARIO GURMAN		
	Street Address (P.O. Box Number is Not Acceptable) 9130 S. DADELAND BLVD. SUITE # 1504		
City Miami		FL	Zip Code 33156

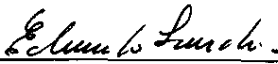
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	1/13/03 DATE

	FEES: \$50.00 Make Check Payable to Florida Department of State DUE BY: MAY 4	900010403529 01/21/03--01106--021 **50.00
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9. MANAGING MEMBERS/MANAGERS			
TITLE	MGR	TITLE	
NAME	SCARDINO, EDUARDO JOSE	NAME	
STREET ADDRESS	CUENCA 4498, FLOOR 5, APT # A	STREET ADDRESS	
CITY-ST-ZIP	BUENOS AIRES - ARGENTINA 1419	CITY-ST-ZIP	
TITLE	MGR	TITLE	
NAME	GARA, CLAUDIA ISABEL	NAME	
STREET ADDRESS	CUENCA 4498, FLOOR 5, APT # A	STREET ADDRESS	
CITY-ST-ZIP	BUENOS AIRES - ARGENTINA 1419	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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:  1/13/03 (305) 670-1991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)