

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90013 038 ****50.00

DOCUMENT # L00000005460

1. Entity Name

IBERINVEST, L.L.C.

Principal Place of Business

3037 NW 82ND AVENUE
 MIAMI FL 33122

Mailing Address

3037 NW 82ND AVENUE
 MIAMI FL 33122

2. Principal Place of Business

8206 NW 30 TER

3. Mailing Address

8206 NW 30 TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33122

Country

USA

Zip

33122

Country

USA

4. FEI Number

65-1015318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, WESLEY M ESQ
 501 BRICKELL KEY DR
 SUITE 504
 MIAMI FL 33131

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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
 NAME HAUB, ADRIANNA H ☐ Delete
 STREET ADDRESS 3037 NW 82ND AVE., SUITE 13
 CITY-ST-ZIP MIAMI FL 33122

TITLE MGR
 NAME ALFREDO, SPADARO D ☐ Delete
 STREET ADDRESS 3037 NW 82ND AVE. SUITE 13
 CITY-ST-ZIP MIAMI FL 33122

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME 8206 NW 30 TER
 STREET ADDRESS Miami, FL. 33122

TITLE ☒ Change ☐ Addition
 NAME 8206 NW 30 TER
 STREET ADDRESS Miami, FL. 33122

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

TITLE ☐ Change ☐ Addition
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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:

Adrianna H. Haub
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/07/02 (305) 994-1800

CR2E083 (9/01)