

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90091 006 ****50.00

DOCUMENT # L00000006123

1. Entity Name
SOFAEXCOL USA, LC

Principal Place of Business 200 KNOLLWOOD DR. KEY BISCAYNE FL 33149	Mailing Address 200 KNOLLWOOD DR. KEY BISCAYNE FL 33149
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921845



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 33 SW 23 Rd		3. Mailing Address 33 SW 23 Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL 33129		City & State MIAMI, FL 33129	
Zip 33129	Country MIAMI Dad	Zip 33129	Country MIAMI Dad

4. FEI Number 65-1014958	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**HUERTAS, ERNESTO
5545 SW 8TH ST. #107
MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name HERNANDO SOTO
Street Address (P.O. Box Number is Not Acceptable) 33 SW 23 Rd
City MIAMI
FL Zip Code 33129

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 (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOTO, HERNANDO 200 KNOLLWOOD DR. KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOTO, HERNANDO 33 SW 23 Rd MIAMI, FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

CR2E083 (9/01)