

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-22-2002 90212 045 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011696

1. Entity Name

FESTIVAL DE LA CANCION LATINOAMERICANA, L.L.C.
 c/o Ernesto Gonzalez, C.P.A., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2655 Le Jeune Road

Suite, Apt. #, etc.

PH2-B

City & State

Coral Gables, Florida

Zip

33134

Country

US

3. Mailing Address

2655 Le Jeune Road

Suite, Apt. #, etc.

PH2-B

City & State

Coral Gables, Florida

Zip

33134

Country

US

4. FEI Number

65-1042353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

7. Name and Address of Current Registered Agent

Name ERNESTO GONZALEZ, CPA

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

2655 LE JEUNE ROAD, PH 2-B

City Coral Gables

FL

Zip Code 33134

**DO NOT WRITE
 IN THIS SPACE**

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.

6/7/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State
 DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PVS
 Viola, Luis R.
 2655 Le Jeune Road, Ste. PH2-B
 Coral Gables, Florida 33134

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
 T
 Carola, Monti
 2655 Le Jeune Road, Ste. PH2-B
 Coral Gables, Florida 33134

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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:

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

Luis R. Viola

5/1/02

305444-7899

Date

Daytime Phone #

CR2E083B (12/01)