

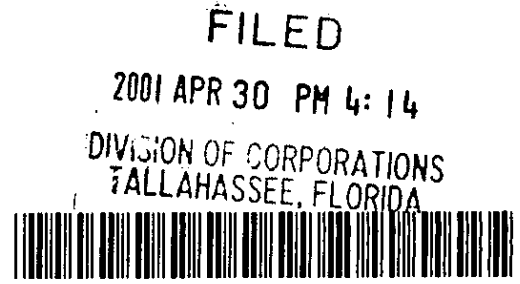
2001 UNIFORM BUSINESS REPORT (UBR)

0000398 AF

DOCUMENT #	L00000013544
1. Entity Name	
VUC, LLC	

Principal Place of Business	Mailing Address
601 BRICKELL KEY DR STE 802 MIAMI FL 33131	601 BRICKELL KEY DR STE 802 MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address
10800 Biscayne Blvd Suite, Apt. #, etc. 580 City & State MIAMI FL Zip 33161	10800 Biscayne Blvd Suite, Apt. #, etc. 580 City & State MIAMI FL Zip 33161



DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
52-2291213		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VAZQUEZ, GERARDO A ESQ 601 BRICKELL KEY DR STE 802 MIAMI FL 33131		Name: SUAN MANUEL Street Address (P.O. Box Number is Not Acceptable): 10800 Biscayne Blvd, Suite 580 City: MIAMI FL Zip Code: 33161	

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:	DATE: 4/23/01
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State	500004220055--5 -05/16/01--01071--017 *****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FUNDACION UNIVERSITARIA LOS LIBERTADORES 601 BRICKELL KEY DR STE 802 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FUNDACION UNIVERSITARIA LOS LIBERTADORES 10800 Biscayne Blvd, Suite 580 MIAMI FL 33161 <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	MGRM Inpahu 10800 Biscayne Blvd, Suite 580 MIAMI FL 33161 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FUNDACION ARENA ANDINA 10800 Biscayne Blvd, Suite 580 MIAMI FL 33161 <input type="checkbox"/> Change <input checked="" 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
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:	DATE: 4/23/01	DAYTIME PHONE #: 305-899-9307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

CR2E083 (11/00)