

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90393 033 \*\*\*\*50.00

DOCUMENT # **L000000014001**

1. Entity Name

**Crystal Lake Project** ✓

**DO NOT WRITE IN THIS SPACE**

**956118**

2. Principal Place of Business

**782 NW 42 AVE**

Suite, Apt. #, etc.

**Suite 342**

City & State

**Miami FL**

Zip

**33126**

Country

**USA**

3. Mailing Address

**782 NW 42 AVE**

Suite, Apt. #, etc.

**Suite 342**

City & State

**Miami FL**

Zip

**33126**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**05-1054439**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current 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.

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  
**MGRM  
Armando Rivero  
782 NW 42 AVE Suite 342  
Miami FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Jose Nicolas Paredes  
782 NW 42 AVE Suite 342  
Miami FL 33126**

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

**Armando Rivero 4/24/02**

CR2E083B (12/01)