2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
02-07-2002 90171 036 ****50.00

DOCUMENT # L00000015989

1. Entity Name
RMV INVESTMENTS LLC

Principal Place of Business	Mailing Address
2100 SALZEDO STREET SUITE 200 CORAL GABLES FL 33134	2100 SALZEDO STREET SUITE 200 CORAL GABLES FL 33134

919212

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1200 Brickell Ave	1200 Brickell Ave
Suite, Apt. #, etc. #1680	Suite, Apt. #, etc. #1680
City & State Miami Florida	City & State Miami, Florida
Zip 33131- Country USA	Zip 33131 Country USA

4. FEI Number NOT APPLICABLE — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SORDO, CESAR R 2100 SALZEDO STREET SUITE 200 CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) 1200 Brickell Ave. #1680 City Miami FL Zip Code 33131

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 1/16/02
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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 INGENIEROS DE ULTRAMAR CORP 2100 SALZEDO STREET CORAL GABLES FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1200 Brickell Ave. #1680 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 1/16/02 305 375-9510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (9/01)