FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90147 042 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002124

1. Entity Name

CEVIDAVEN, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
295 E. 2ND STREET	295 E. 2ND STREET
Suite, Apt. #, etc.: 204	Suite, Apt. #, etc.: 204
City & State: HIALEAH FLORIDA	City & State: HIALEAH FLORIDA
Zip: 33010 Country:	Zip: 33010 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1075378 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: AVENDAHNO ARREGOCES, CESAR DAVID

Street Address (P.O. Box Number is Not Acceptable): 1020 S.W. 1ST AVE #9

City: MIAMI FL Zip Code: 33130

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD.
NAME	CESAR AVENDANO
STREET ADDRESS	295 E. 2ND STREET APT # 204
CITY-ST-ZIP	HIALEAH FLORIDA 33010

DO NOT WRITE IN THIS SPACE

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE _____ MARCH 11 / 2003.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)