FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90580 013 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003564

1. Entity Name
INVERFRANK TRADE, L.L.C.

Principal Place of Business	Mailing Address
6355 N.W. 36 ST., 5TH FLOOR MIAMI, FL 33166	6355 N.W. 36 ST., 5TH FLOOR MIAMI, FL 33166

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6355 NW 36 ST,	6355 NW 36 ST,
Suite, Apt. #, etc.: Suite 507	Suite, Apt. #, etc.: Suite 507
City & State: Miami, FL	City & State: Miami, FL
Zip: 33166 Country:	Zip: 33166 Country:

4. FEI Number: 65-1083192 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ MURCIA, FRANSISCO
6355 N.W. 36 ST., 5TH FLOOR
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name: GOMEZ MURCIA, FRANCISCO
Street Address (P.O. Box Number is Not Acceptable): 6355 NW 36 ST, Suite 507
City: Miami, FL Zip: 33166

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: PS NAME: GOMEZ, FRANCISCO M STREET ADDRESS: 6355 NW 36 ST. STE. 507 CITY-ST-ZIP: MIAMI, FL 33166	☐ Delete	TITLE: PS NAME: GOMEZ, FRANCISCO STREET ADDRESS: 6355 NW 36 ST, Suite 507 CITY-ST-ZIP: Miami, FL 33166	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: Francisco Gomez 4-28-03 3058714161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #