

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90158 003 ****55.00

DOCUMENT # LO1000004862

1. Entity Name

PROMOART INVESTMENTS L.C.

Principal Place of Business

338 MINORCA AVE.
 CORAL GABLES FL 33134

Mailing Address

338 MINORCA AVE.
 CORAL GABLES FL 33134

2. Principal Place of Business

2121 PONCE DE LEON BLVD.

3. Mailing Address

2121 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 240

Suite, Apt. #, etc.

SUITE 240

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

651135582

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CABEZA, MANUEL E
338 MINORCA AVE.
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
GABRIEL PRATS

Street Address (P.O. Box Number is Not Acceptable)

2121 PONCE DE LEON BLVD.

SUITE 240

City

Coral Gables

FL

Zip Code

33134

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	Mgr/P	<input type="checkbox"/> Delete
NAME	Carlos Alberto Arango	
STREET ADDRESS	18755 Biscayne Boulevard	
CITY-ST-ZIP	Aventura, Florida 33180	
TITLE	Mgr/Vp/S	<input type="checkbox"/> Delete
NAME	Jose Camilo Lega	
STREET ADDRESS	18755 Biscayne Boulevard	
CITY-ST-ZIP	Aventura, Florida 33180	
TITLE	Mgr/Vp/T	<input type="checkbox"/> Delete
NAME	Mauricio Vives	
STREET ADDRESS	18755 Biscayne Boulevard	
CITY-ST-ZIP	Aventura, Florida 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Carlos Alberto Arango, Manager

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(305) 932-6566

Date

Daytime Phone #

CR2E083 (9/01)