

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004909

1. Entity Name

ARANGOM L.C.

FILED

01 AUG 14 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
445 Grand Bay Drive
Suite 318
Key Biscayne, FL 33149

Mailing Address
445 Grand Bay Drive
Suite 318
Key Biscayne, FL 33149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Manuel E. Cabeza
338 Minorca Ave.
Coral Gables, FL 33134

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

900004546349--5

-08/21/01--01015--031

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Mgr. ☒ Delete
NAME Cabeza, Manuel E.
STREET ADDRESS 338 Minorca Ave
CITY-ST-ZIP Coral Gables, Florida 33134

TITLE MGR/MEMBER ☐ Change ☒ Addition
NAME Arango, Carlos Alberto
STREET ADDRESS 445 Grand Bay Drive, Suite 318
CITY-ST-ZIP Key Biscayne, FL 33149

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Member ☐ Change ☒ Addition
NAME Calara Limited
STREET ADDRESS P.O. Box 3152
CITY-ST-ZIP Road Town, Tortola, BVI

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

8/3/2001

(305)374-6234

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

Date

Daytime Phone

Carlos Alberto Arango, Manager

CR2E083 (11/00)