

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 04, 2002 8:00 am
Secretary of State

07-04-2002 90547 042 ****55.00

DOCUMENT # L01000004909

1. Entity Name

ARANGOM L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2121 PONCE DE LEON BLVD

3. Mailing Address

2121 PONCE DE LEON BLVD

Suite, Apt. #, etc.

240

Suite, Apt. #, etc.

240

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

65-1137155

Applied For

Not Applicable

Zip

33134

Country

Zip

33134

Country

5. Certificate of Status Desired

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**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

PRATS, GABRIEL

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

2121 PONCE DE LEON BLVD, SUITE 240

City

CORAL GABLES

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

6-18-02

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ARANGO, CARLOS ALBERTO
STREET ADDRESS 445 GRAND BAY DRIVE
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM
NAME CALARA LIMITED
STREET ADDRESS P.O. BOX 3152
CITY-ST-ZIP ROAD TOWN, TORTOLA, BVI

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 registered agent empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

CR2E083B (12/01)