

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

FILED
May 29, 2003 8:00 am
Secretary of State

05-05-2003 90691 036 ****55.00

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DOCUMENT # **L010000006510**

1. Entity Name
PREPAID BUSINESS SYSTEM, LLC

DO NOT WRITE IN THIS SPACE

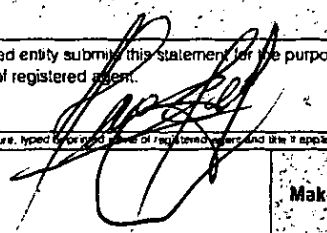
44002831

2. Principal Place of Business 7392 NW 35 TERR.		3. Mailing Address 7392 NW 35 TERR.	
Suite, Apt. #, etc. SUIT # 206		Suite, Apt. #, etc. SUIT # 206	
City & State Miami FL		City & State Miami FL	
Zip 33122		Zip 33122	
Country		Country	

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEJ Number 65-1097172		Applied For ☐ Not Applicable
	5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name JORGE E. STEIN		
Street Address (P.O. Box Number is Not Acceptable) 7392 NW 35 TERR #206			
City Miami FL 33122			

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.

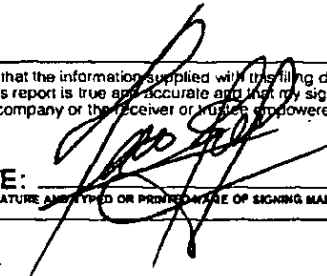
SIGNATURE  DATE _____

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

B. MANAGING MEMBERS/MANAGERS			
TITLE OPERATING MANAGER	NAME JORGE E. STEIN	TITLE	NAME
STREET ADDRESS 7392 NW 35 TERR #206	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP MIAMI FL 33122	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE VICE-OPERATING MANAGER	NAME JUAN JOSE PINO	TITLE	NAME
STREET ADDRESS 7392 NW 35 TERR #206	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE SECRETARY	NAME LUCA GIUSSANI	TITLE	NAME
STREET ADDRESS 7392 NW 35 TERR #206	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE TREASURER	NAME JORGE E. STEIN	TITLE	NAME
STREET ADDRESS 7392 NW 35 TERR #206	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

**DO NOT WRITE
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)(f), 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:  DATE _____ Daytime Phone # _____

SIGNATURE AND TITLE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/02)