

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

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90065 008 \*\*\*\*50.00

**DOCUMENT #** L01000007166

**1. Entity Name**

ASVEL HOLDINGS L.C.

**DO NOT WRITE IN THIS SPACE**

20020322

**2. Principal Place of Business**  
Transversal 34 #119-55

**3. Mailing Address**  
338 Minorca Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
Bogota

**City & State**  
Coral Gables, Florida

**4. FEI Number** 65-1142323

**Applied For**

Not Applicable

**Zip** **Country**  
Colombia

**Zip** **Country**  
33134

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
International Registered Agents Corporation

**Street Address (P.O. Box Number is Not Acceptable)**  
338 Minorca Avenue

**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.

**DATE**

**FEE IS \$50.00**

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

**9. MANAGING MEMBERS / MANAGERS**

**TITLE** MGR  
**NAME** Velasco, Amelia  
**STREET ADDRESS** Transversal 34 #119-55  
**CITY - ST - ZIP** Bogota, Colombia

**TITLE** MGR  
**NAME** Velasco, Silvio  
**STREET ADDRESS** Transversal 34 #119-55  
**CITY - ST - ZIP** Bogota, Colombia

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**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:**

Amelia Velasco, Manager 1/22/03 (305)444-7282

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

Date

Daytime Phone #

CR2E083B (12/01)