

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

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90039 007 ****50.00

DOCUMENT # L01000009353

1. Entity Name

Iberiana LLC



DO NOT WRITE IN THIS SPACE

20006626

2. Principal Place of Business
1550 Madruga Avenue

3. Mailing Address

Suite, Apt. #, etc.
406

Suite, Apt. #, etc.

City & State
Coral Gables, Florida

City & State

Zip
33146

Country

Zip

Country

4. FEI Number 65-1111521

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Maria Camila Leiva

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

1550 Madruga Avenue Suite 406

City
Coral Gables

FL Zip Code
33146

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

Maria Camila Leiva

1/8/2003

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	German Leiva	1550 Madruga Avenue Suite 406	Coral Gables, Florida 33146				
DV	Manuel Rodriguez de Castro	1550 Madruga Avenue Suite 406	Coral Gables, Florida 33146				
DST	Maria Camila Leiva	1550 Madruga Avenue Suite 406	Coral Gables, Florida 33146				

**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)(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:

Maria Camila Leiva

1/8/2003

305-667-9484

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

Date

Daytime Phone #

CR2E083B (12/02)