

3. **FILED**
Apr 09, 2002 8:00 am
Secretary of State

03-18-2002 90013 044 *****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009888

1. Entity Name

ARIZO HOLDINGS L.C.

Principal Place of Business

**338 MINORCA AVE.
CORAL GABLES FL 33134**

Mailing Address

**338 MINORCA AVE.
CORAL GABLES FL 33134**

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

65-1137161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CABEZA, MANUEL E
338 MINORCA AVE.
CORAL GABLES FL 33134**

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 **Maria Elena Cabeza, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 11, 2002

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **CABEZA, MANUEL E**
STREET ADDRESS **338 MINORCA AVE.**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **Mgr.** ☐ Change ☒ Addition
NAME **Armando Rizo**
STREET ADDRESS **Carrera 13 #77-22 of 603**
CITY-ST-ZIP **Sta Fe Bogota, Colombia**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this report 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: **Armando Rizo, Manager**

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

(011) 571-530-2812

Date

Daytime Phone #

CR2E083 (9/01)