

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90184 040 ****55.00

DOCUMENT # L01000010244

1. Entity Name

RADIANA INVESTMENTS L.C.



DO NOT WRITE IN THIS SPACE

30063661

2. Principal Place of Business

2121 PONCE DE LEON BLVD.,

Suite, Apt. #, etc.

SUITE 240

3. Mailing Address

2121 PONCE DE LEON BLVD.,

Suite, Apt. #, etc.

SUITE 240

DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES, FLORIDA

City & State

CORAL GABLES, FLORIDA

4. FEI Number

651148663

Applied For

Not Applicable

Zip

33134

Country

Zip

33134

Country

5. Certificate of Status Desired ☒

\$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, FLORIDA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and date if applicable.

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

MGR
FORERO, RAFAEL O
2121 PONCE DE LEON BLVD. #240
CORAL GABLES, FL 33134

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

RAFAEL FORERO

4/25/03

Date

305-444-8333

Daytime Phone #

CR2E083B (12/02)