

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90008 050 \*\*\*\*50.00

0007868

**DOCUMENT # L01000012418**

1. Entity Name

**PAIPA HOLDINGS L.C.**

Principal Place of Business

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

Mailing Address

**338 MINORCA AVE.  
CORAL GABLES FL 33134****B0043046**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **65-1154376**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New 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 **Maria Elena Cabeza, President**

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

(NOTE: Registered Agent signature required when reinstating)

**February 21, 2002**

DATE

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

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE **Mgr** ☐ Change ☒ Addition  
NAME **Campos, Raul**  
STREET ADDRESS **338 Minorca Avenue**  
CITY-ST-ZIP **Coral Gables, FL 33134**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Raul Campos* Raul Campos, Manager**

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

**2/21/02**

Date

**(305) 444-7282**

Daytime Phone #

CR2E083 (9/01)