LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State
02-18-2003 90325 021 ****50.00

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DOCUMENT # L01000013708

1. Entity Name

INVERSIONES GENOVES, LLC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
3439 LAUREL OAKS LANE	3439 LAUREL OAKS LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood	City & State: Hollywood
Zip: 33021 Country: USA	Zip: 33021 Country: USA

4. FEI Number: 52-2337195 ☐ Applied For ☐ Not Applicable

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: GRISELDA UZCATEGUI GARCIA

Street Address (P.O. Box Number is Not Acceptable): 3439 LAUREL OAKS LANE.

City: Hollywood FL Zip Code: 33021

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

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

9. MANAGING MEMBERS / MANAGERS

TITLE	MANAGER
NAME	JUAN GARCIA PEREZ.
STREET ADDRESS	MIRAFLORES, LOCAL S-1
CITY-ST-ZIP	CARACAS DF VENEZUELA 1010
TITLE	MEMBER
NAME	ROSA GONZALEZ DE GARCIA.
STREET ADDRESS	MIRAFLORES, LOCAL S-1
CITY-ST-ZIP	CARACAS, DF VENEZUELA 1010
TITLE	MEMBER
NAME	GRISELDA UZCATEGUI GARCIA
STREET ADDRESS	3439 LAUREL OAKS LANE.
CITY-ST-ZIP	Hollywood, FL USA 33021
TITLE	
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CR2E083B (12/02)

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: _____ 02/07/03 (954)9076255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #