

2002 **UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90295 020 ****50.00

DOCUMENT # L01000013837

1. Entity Name
Natucer of America LLC

Principal Place of Business 1390 Brickell Avenue Suite 200 Miami, FL 33131	Mailing Address 1390 Brickell Avenue Suite 200 Miami, FL 33131
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900001

2. Principal Place of Business 1390 Brickell Avenue Suite, Apt. #, etc. Suite 200	3. Mailing Address 1390 Brickell Avenue Suite, Apt. #, etc. Suite 200
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DO NOT WRITE IN THIS SPACE

City & State Miami, Florida	City & State Miami, Florida	4. FEI Number 65-1131145	Applied For <input type="checkbox"/> Not Applicable
Zip 33131	Country USA	Zip 33131	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

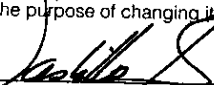
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Alvaro Castillo B., P.A.
 1390 Brickell Avenue
 Suite 200
 Miami, Florida 33131**

Name Alvaro Castillo B., P.A.
Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Avenue, Suite 200
City Miami, FL
Zip Code 33131

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:  DATE: **4-22-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

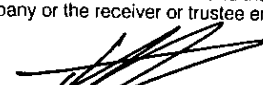
FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	Fernando S. Garcia <input type="checkbox"/> Delete 1390 Brickell Avenue, Suite 200 Miami, Florida 33131	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	Wenceslao Alos <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1390 Brickell Avenue, Suite 200 Miami, Florida 33131
TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	Manuel R. Andres <input type="checkbox"/> Delete 1390 Brickell Avenue, Sute 200 Miami, Florida 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Wenceslao Alos, Secretary** 4/22/02 (305) 371-5540

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

CR2E083 (1/00)