

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90126 016 \*\*\*\*50.00

**DOCUMENT # L01000014182**

1. Entity Name  
**MARBLO L.C.**

|  |  |
|--|--|
| Principal Place of Business<br><b>338 MINORCA AVE.<br/>CORAL GABLES FL 33134</b> | Mailing Address<br><b>338 MINORCA AVE.<br/>CORAL GABLES FL 33134</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |   |
|--------------------------------|---------|---------------------|---------|---|--|---|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number   |  | <input checked="" type="checkbox"/> Applied For |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | <input type="checkbox"/> Not Applicable         |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$5.00</b> Additional Fee Required           |
| Zip                            | Country | Zip                 | Country |   |  |   |

**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]* March 18, 2002  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>CABEZA, MANUEL E<br/>338 MINORCA AVE.<br/>CORAL GABLES FL 33134</b> | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>Guerrero, Sonia Ana<br/>Calle 130 #4-20 INT. 3<br/>Bogota, Colombia</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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: *[Signature]* **Sonia A. Guerrero, Manager 3/18/02 (305)444-7282**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)