


**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90044 032 \*\*\*\*50.00

**DOCUMENT # L01000014388**

1. Entity Name  
**WHITE CORAL HOLDINGS, L.C.**



Principal Place of Business      Mailing Address

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

2. Principal Place of Business      3. Mailing Address

*2588 SW 27th Ave*      *2588 SW 27th Ave*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

*Miami - FL*      *Miami - FL*

Zip      Country      Zip      Country

*33133*      *US*      *33133*      *US*



CHECK HERE IF MAKING CHANGES

4. FEI Number      Applied For

**80-0007856**       Not Applicable

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

6. Name and Address of Current Registered Agent

~~INTERNATIONAL REGISTERED AGENTS CORP.~~  
~~338 MINORCA AVE.~~  
~~CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name      *ANTONIO GARCIA*

Street Address (P.O. Box Number is Not Acceptable)

*2588 SW 27th AVE*

City      State      Zip Code

*Miami*      **FL**      *33133*

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]*      DATE      *4/1/03*

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

9. MANAGING MEMBERS / MANAGERS      10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<del>MGRP-JARAMILLO, ANTONIO A</del>	<del>CRA. 9A No. 131-40 APTO.502 CAMINO DEL CERRO</del>	<del>BOGOTA, COLUMBIA</del>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	MGRP ALVAREZ, ANTONIO	CRA. 9A No. 131-40 APTO.502 CAMINOS DEL CERRO	BOGOTA, COLOMBIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*      DATE      *03/03/13*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)