2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90254 002 ****50.00

DOCUMENT # L01000014588 (NCLW)

967599

1. Entity Name
INVERVENCO MANAGEMENT, LC

Principal Place of Business	Mailing Address
6216 SW 8 ST MIAMI, FL 33144	6216 SW 8 ST MIAMI, FL 33144

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1134356 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA P.A.
1840 SW 22ND ST 4 FLOOR.
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name RICHTER, JOSE ALEJANDRO
Street Address (P.O. Box Number is Not Acceptable)
6216 SW 8 ST
City MIAMI **FL** Zip Code 33144

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 _____ 04/26/02 DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR. RICHTER, JOSE ALEJANDRO 10701 SOUTH WEST 68 ST MIAMI, FL 33173	☐ Delete	MGR. RICHTER, JOSE ALEJANDRO 6216 SW 8 ST MIAMI, FL 33144	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR. MORALES, CAROLINA 7995 NW 198 TERR. HIALEAH, FL 33015	☐ Delete	MGR. MORALES, CAROLINA 6216 SW 8 ST MIAMI, FL 33144	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (11/00)

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