

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90164 043 \*\*\*\*50.00

001: 2

**DOCUMENT # L01000015112**

1. Entity Name  
**ARGOM HOLDINGS L.C.**

Principal Place of Business      Mailing Address  
**18755 BISCAYNE BLVD.**      **18755 BISCAYNE BLVD.**  
**AVENTURA FL 33180**      **AVENTURA FL 33180**

**80049358**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		338 Minorca Avenue		65-1135575		Not Applicable	
City & State		Coral Gables, Florida		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				
		33134	U.S.				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CABEZA, MANUEL E</b> <b>338 MINORCA AVE.</b> <b>CORAL GABLES FL 33134</b>				Name			
				<b>International Registered Agents Corporation</b> Street Address (P.O. Box Number is Not Acceptable) <b>338 Minorca Avenue</b>			
				City		State	
Coral Gables		FL		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 *MEC* March 11, 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	<b>MGR</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VIVES, MAURICIO</b>		NAME		
STREET ADDRESS	<b>18755 BISCAYNE BLVD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Mauricio Vives* **Mauricio Vives, Manager** 3/11/02 (305) 444-7282  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)