

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90132 008 ****50.00

DOCUMENT # L01000016330

1. Entity Name

PROMOCOL HOLDINGS L.C.

Principal Place of Business

**338 MINORCA AVENUE
CORAL GABLES FL 33134**

Mailing Address

**338 MINORCA AVENUE
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1142544

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CABEZA, MANUEL E
338 MINORCA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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 *for Maria Elena Cabeza*
Maria Elena Cabeza, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 17, 2002

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **CAVANZO, ROBERTO**
STREET ADDRESS **338 MINORCA AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Mgr/P/S/T** ☐ Change ☒ Addition
NAME **Roberto Cavanzo**
STREET ADDRESS **Calle 104 A #22-61**
CITY-ST-ZIP **Bogota, Colombia**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Roberto Cavanzo*
Roberto Cavanzo, Manager

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

Date

9/4/02

(305) 444-7282

Daytime Phone #

CR2E083 (9/01)