## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2002 8:00 am Secretary of State DOCUMENT # L01000016781 05-22-2002 90203 049 \*\*\*\*50.00 INVERSIONES VESLI, LLC Principal Place of Business Mailing Address 10773 N.W. 58TH STREET 10773 N.W. 58TH STREET PMB #181 PMB #181 965602 **MIAMI FL 33178** MIAMI FL 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1141899 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Araujo, Gerardu ARAUJO, GERARDO Street Address (P.O. Box Number is Not Acceptable) 5761 N.W. 115 COURT # 101 60th Terrace 11500 NW **MIAMI FL 33178** 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 4/28/02 SIGNATURE Signature, typed of (NOTE: Registered Agent signature required when reinstating) 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 Delete TITLE Gerardo Araujo **Addition** NAME NAME MGR" STREET ADDRESS 11500 NW 60th Terrace # 376 MIGHT FI 33178 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE MGR ☐ Change Addition NAME Fernando Arauto 11500 NW 60th Terrace #376 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE MGR ☐ Change M Addition NAME carolina Arauto-NAME STREET ADDRESS 11500 NW 60th Terrace # 376 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FI 33178 TITLE Delete TITLE MGR ☐ Change Addition 3) NAME vestalia Araujo NAME 11500 NW 60th terrace STREET ADDRESS STREET ADDRESS # 376 CITY-ST-ZIP CITY-ST-7IP TITLE MGR ☐ Delete TITLE Change **Z** Addition Juan Carlos Araujo NAME NAME STREET ADDRESS 1500 NW 60th terrace STREET ADDRESS # 376 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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:

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

7/28/02

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Daytime Phone

FILED