

2002 UNIFORM BUSINESS REPORT (UBA)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90038 022 ****50.00

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1. Entity Name

IMAGEN VIRTUAL USA, L.L.C.

Principal Place of Business

Mailing Address

8120 GENEVA COURT
 #D550
 MIAMI, FL 33166

8120 GENEVA COURT
 #D550
 MIAMI, FL 33166

951679

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1145998

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUERTAS, ERNESTO
 8120 GENEVA COURT #D550
 MIAMI, FL 33166

Name

MONICA P. NAVARRETE

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

8120 GENEVA COURT #D550

City

MIAMI

FL

Zip Code

33166

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

04-17-02

DATE

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAIRO AYALA ORTEGA 8120 GENEVA COURT #D550 MIAMI, FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUIS MAURICIO NAVARRETE GARZON 8120 GENEVA COURT #D550 MIAMI, FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIEGO LEONARDO PALACIOS MEROCHAN 8120 GENEVA COURT #D550 MIAMI, FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIUVANNI ENRIQUE NAVARRETE GARZON 8120 GENEVA COURT #D550 MIAMI, FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONICA P. NAVARRETE 8120 GENEVA COURT #D550 MIAMI, FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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]

4-17-02

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

Date

Daytime Phone #

CR2E083 (1/00)