LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
04-30-2002 90007 045 ****55.00

DOCUMENT # L01000020894

1. Entity Name
UNION BROTHERS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5757 Collins Avenue	5757 Collins Avenue
Suite, Apt. #, etc.: 1407	Suite, Apt. #, etc.: 1407
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33140 Country: Dade County	Zip: 33140 Country: Dade County

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0005533 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LUCIANO M. PIERI
Street Address (P.O. Box Number is Not Acceptable): 5757 Collins Avenue Suite 1407
City: Miami, Florida FL Zip Code: 33140

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: X _____ DATE
Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	Managing Member
NAME	LOGAN RESOURCES LTD.
STREET ADDRESS	5757 Collins Avenue, Suite 1407
CITY-ST-ZIP	Miami, Florida 33140
TITLE	Managing Member
NAME	Isidoro Pieri
STREET ADDRESS	5757 Collins Avenue, Suite 1407
CITY-ST-ZIP	Miami, Florida 33140
TITLE	Managing Member
NAME	Graciela Mabel Pieri-D'aluisio
STREET ADDRESS	5757 Collins Avenue, Suite 1407
CITY-ST-ZIP	Miami, Florida 33140
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NAME	
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CR2E083B (12/01)

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: X _____ 04/12/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #