22.Abr 03 05:16p U- 61

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-09-2003 90044 021 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/9/20

DOCUMENT # L01000020926

1. Entity Name

MARBELLA HOLDINGS L.C.

55031968

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

2. Principal Place of Business	3. Mailing Address
18839 Biscayne Blvd	18839 Biscayne Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Aventura - FL	City & State: Aventura, FL
Zip: 33180 Country: U.S.	Zip: 33180 Country: U.S.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0550491 ☐ Applied For ☐ Not Applicable

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
~~INTERNATIONAL REGISTERED AGENTS CORP~~	Name: Antonio Garcia
~~838 MINORCA AVE.~~	Street Address (P.O. Box Number is Not Acceptable): 2588 S.W. 27 B Ave
~~CORAL GABLES FL 33134~~	City: Miami FL Zip Code: 33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ________ 4-1-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MORA, HUMBERTO		NAME		
STREET ADDRESS	19221 NE 10TH AVENUE APT 518		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33179		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (10/02)

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 Humberto Mora 4-1-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #