

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90577 032 ****50.00

DOCUMENT # L01000022824

1. Entity Name

ANTAEUS MARKETING GROUP LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1570 MADRUGA AVE.

Suite, Apt. #, etc.

PH-1

City & State

Coral Gables

Zip

33146

Country

USA

3. Mailing Address

1172 South Dixie Hwy.

Suite, Apt. #, etc.

#497

City & State

Coral Gables

Zip

33146

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

75-3007961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PETER HAINSTON JR.

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

825 South Alhambra Circle

City

Coral Gables

FL

Zip Code

33146

**DO NOT WRITE
IN THIS SPACE**

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
PETER HAINSTON JR.
825 South Alhambra Circle
Coral Gables, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
RAFAEL T. LORIE
8522 SW 102 ST.
Miami, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
PATRICK M. CHIVARD
514 Northdale Blvd.
Minneapolis, MN 55448

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: RT Lorie

RAFAEL T. LORIE

4/30/02

(305) 740. 9389

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

Date

Daytime Phone #