FILED
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Secretary of State

07-02-2003 90002 001 ****50.00
07-02-2003 90002 002 *****5.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000006967

1. Entity Name
HEILSBERG S.A., L.L.C.

44005223

Principal Place of Business
3100 N.W. 72ND AVENUE, SUITE 113
MIAMI, FL 33122

Mailing Address
3100 N.W. 72ND AVENUE, SUITE 113
MIAMI, FL 33122

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3100 NW 72ND AVENUE	3100 NW 72ND AVENUE
Suite, Apt. #, etc. 113	Suite, Apt. #, etc. 113
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33122 Country U.S.A.	Zip 33122 Country U.S.A.

4. FEI Number 59-1712820 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name ATRIUM REGISTERED AGENTS, INC
Street Address (P.O. Box Number is Not Acceptable) 1500 SAN REMO AVENUE
SUITE 125
City CORAL GABLES FL Zip Code 33146

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HINZNER, FRITZ NAVARRA 3720, LAS CONDES, SANTIAGO CHILE, ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ALTER, MICHAEL A NAVARRA 3720, LAS CONDES, SANTIAGO CHILE, ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 606, Florida Statutes.

SIGNATURE: MICHAEL ALTER JUNE-08-2003 56-2 228 5440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #