AUG-11-2003 MON 02:30 PM Murai Wald Biondo FAX NO.

FILED
Sep 25, 2003 8:00 am
Secretary of State

07-24-2003 90064 004 ***150.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000007435

1. Entity Name

GALAPAGOS DISTRIBUTING COMPANY L.L.C.

[redacted]

Principal Place of Business	Mailing Address
25 S.E. SECOND AVE. C/O MAURAI WALD, BIONDO & MORENO P.A. MIAMI FL 33131	25 S.E. SECOND AVE. C/O MAURAI WALD, BIONDO & MORENO P.A. MIAMI FL 33131

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	2600 Douglas Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1004
City & State	City & State Coral Gables, Florida
Zip / Country	Zip 33134 / Country U.S.A.

4. FEI Number 02-0610208 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MAURAI, WALD, BIONDO & MORENO, P.A.
25 S.E. SECOND AVE.
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE / NAME Rafael Cuesta Capurro / STREET ADDRESS c/o 782 NW Le Jeune Rd, Suite 650 / CITY-ST-ZIP Miami, Fl. 33126 ☐ Delete	TITLE MANAGING MEMBER / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME Francisco Vera Rodriguez / STREET ADDRESS c/o 782 NW. Le Jeune Rd, Suite 650 / CITY-ST-ZIP Miami, Fl 33126	TITLE MANAGING MEMBER / 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 (4/03)

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 [signature] SIGNATURE REQUIRED

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