

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91000 023 ****50.00

DOCUMENT # L02000008334					
1. Entity Name RG MANAGEMENT LLC					
Principal Place of Business SAN IGNACIO 157, ED. QUINARA PB QUITO 1716 ECUADOR, OC			Mailing Address SAN IGNACIO 157, ED. QUINARA PB QUITO 1716 ECUADOR, OC		
2. Principal Place of Business 9139 SW 150 AVE Suite, Apt. #, etc.		3. Mailing Address 9139 SW 150 AVE Suite, Apt. #, etc.		 ☒ CHECK HERE IF MAKING CHANGES	
City & State MIAMI FL		City & State MIAMI FL			
Zip 33196-1353		Zip 33196-1353			
Country USA		Country USA		4. FEI Number 75-3072221	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200 MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name ROSA ALBA GALLARDO Street Address (P.O. Box Number is Not Acceptable) 9139 SW 150 AVE City MIAMI FL Zip Code 33196		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOV 11, 2003 \$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 GALLARDO, ROSA SAN IGNACIO 167, ED. QUINARA PB QUITO 1716 ECUADOR, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 9139 SW 150 AVE MIAMI FL 33196		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUENO, RODRIGO SAN IGNACIO 167, ED. QUINARA PB QUITO 1716 ECUADOR, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 9139 SW 150 AVE MIAMI FL 33196		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ULLOA, ELVIA SAN IGNACIO 167, ED. QUINARA PB QUITO 1716 ECUADOR, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 510 SW 11 AVE, APT #3 MIAMI FL 33130		
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: <u>Rosa Gallardo A.</u> ROSA GALLARDO 04-25-03 305 386-3897					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR2E083 (10/02)