2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State
03-26-2003 90048 016 ****50.00

DOCUMENT # L02000011323

1. Entity Name
LATIN AMERICA CREDIT BUREAU, LLC

Principal Place of Business	Mailing Address
1881 WASHINGTON AVE. STE. 5D MIAMI BEACH, FL 33139	1881 WASHINGTON AVE. STE. 5D MIAMI BEACH, FL 33139

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10275 Collins AVE	10275 Collins Ave
Suite, Apt. #, etc. Suite 1521	Suite, Apt. #, etc. Suite 1521
City & State BAL HARBOUR, FL	City & State BAL HARBOUR, FL
Zip 33154 Country US	Zip 33154 Country US

4. FEI Number 47-0885729 ☐ 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
GILL, A. WAYNE ESQ GILL & ASSOCIATES, P.A. 1499 W. PALMETTO PARK RD., STE. 312 BOCA RATON, FL 33486	Name ALEJANDRO ACASO Street Address (P.O. Box Number is Not Acceptable) 10275 Collins AVE Suite 1521 City BAL HARBOUR FL Zip Code 33154

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] ALEJANDRO ACASO 03/19/03
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	PRESIDENT ALEJANDRO ACASO 10275 Collins AVE, Suite 1521 BAL HARBOUR, FL 33154 ☐ 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 608, Florida Statutes.

SIGNATURE: [signature] ALEJANDRO ACASO 03/19/03 305-6724893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #