

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90048 017 ****50.00

DOCUMENT # L02000013337

1. Entity Name

RETEPS HOLDING INVESTMENTS L.C.



Principal Place of Business

Mailing Address

**338 MINORCA AVENUE
CORAL GABLES FL 33134**

**338 MINORCA AVENUE
CORAL GABLES FL 33134**

2. Principal Place of Business

2588 SW 27th AVE

3. Mailing Address

2588 SW 27 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

MIAMI, FL

Zip

33133

Country

U.S.

Zip

33133

Country

U.S.

4. FEI Number

02-061-4589

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

INTERNATIONAL REGISTERED AGENTS CORPORATION

**338 MINORCA AVENUE
CORAL GABLES FL 33134**

Name

ANTONIO GARCIA

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

2588 SW 27th AVE

City

MIAMI

FL

Zip Code

33133

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

2/21/03

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
SCHMID, PETER
CALLE 127 NO. 29-45, TORRE 1 UNIT 401
BOGOTA, COLOMBIA**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 608, Florida Statutes.

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

2/21/2003

Date

Daytime Phone #

CR2E083 (10/02)