LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000020090

1. Entity Name

NEW NORTH AMERICA, LLC

DO NOT WRITE IN THIS SPACE

FILED

03 MAY -2 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11205 S.W. 11TH ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State
Zip: 33176 Country: USA	Zip Country

4. FEI Number — Applied For / X Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: ARAZOZA AND FERNANDEZ-FRAGA, PA

Street Address (P.O. Box Number is Not Acceptable): 2100 SALZEDO STREET, SUITE 300

City: CORAL GABLES FL Zip Code 33134

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 ______________________________ DATE

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

200017857062
05/02/03--01006--011 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MNGR
NAME	BELLO, PAULO S
STREET ADDRESS	11205 S.W. 111TH STREET
CITY - ST - ZIP	MIAMI, FL. 33176
TITLE	MNGR
NAME	BELLO, MARIA AUGUSTA T.
STREET ADDRESS	11205 S.W. 111TH STREET
CITY - ST - ZIP	MIAMI, FL.33176
TITLE	MNGR
NAME	BELLO, PATRICIA
STREET ADDRESS	11205 S.W. 111TH STREET
CITY - ST - ZIP	MIAMI, FL. 33176
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CR2E083B (12/02)

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] PATRICIA BELLO 04/29/03

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

STF FL32519F.1