FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90190 015 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000023166

1. Entity Name
CONSTRUCTORA RIVERA & ASOCIADOS, LLC

Principal Place of Business	Mailing Address
4770 BISCAYNE BLVD., SUITE 1040 BAYPOINT OFFICE TOWER MIAMI, FL 33137	4770 BISCAYNE BLVD., SUITE 1040 BAYPOINT OFFICE TOWER MIAMI, FL 33137

2. Principal Place of Business	3. Mailing Address
546 n.e 199th Lane	546 n.e 199th Lane
Suite, Apt. # etc.: 4-W	Suite, Apt. # etc.: 4-W
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33179 Country: USA	Zip: 33179 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired: ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

USA SOLUTIONS, LC
4770 BISCAYNE BLVD., SUITE 1040
BAYPOINT OFFICE TOWER
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name: America Visa Network
Street Address (P.O. box Number is Not Acceptable): 546 n.e 199th Lane 4-w
City: Miami FL Zip Code: 33179

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: America Visa Network. Deyanire Gonzalez MGRM 04/22/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing) DATE

FILE NOW! FILING 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	MGRM RIVERA, LUIS ALBERTO 546 N.E. 199th lane #4W MIAMI, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR M. 546 N.E 199th Lane Miami - Fl 33179 Constructora Rivera	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LEON, NESTOR A 546 N.E. 199th lane #4W MIAMI, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TORRES, CAMILO 546 N.E. 199th lane #4W MIAMI, FL 33179	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: 04/22/03 305/6526375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #