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03 SEP 16 AM 8:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000023715

1. Entity Name
INVERSIONES MIAMI, LLC

MJH

Principal Place of Business	Mailing Address
6604 SW 114TH PLACE A MIAMI, FL 33173 US	6604 SW 114TH PLACE A MIAMI, FL 33173 US

2. Principal Place of Business		3. Mailing Address	
1414 NW 107th Ave		1414 NW 107th Ave	
Suite, Apt. #, etc. Suite 105		Suite, Apt. #, etc. Suite 105	
City & State Miami, FL		City & State Miami, FL	
Zip 33172	Country USA	Zip 33172	Country USA

9/16 ☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 20-0217745 ☐ 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
CASERES, WILKIN 6604 SW 114TH PLACE A MIAMI, FL 33173	Name Wilkin Caseres Street Address (P.O. Box Number is Not Acceptable) 1414 NW 107th Ave Suite 105 City Miami FL Zip Code 33172

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] Wilkin Caseres 09/11/2003

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	MGR CASERES, WILKIN 6604 SW 114TH PLACE MIAMI, FL 33173	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Caseres, Wilkin 1414 NW 107th Avenue, Suite 105 Miami, FL 33173	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000023110660 09/16/03--01072--004 **50.00	☐ 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
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: [signature] 09/11/2003 305-401-0956

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