FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90190 017 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30063984

DOCUMENT # L02000024622

1. Entity Name
SERVICIO TECNICO MOTORAUL, L.L.C.

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

2. Principal Place of Business	3. Mailing Address
546 ne 199th Lane	546 ne 199th Lane
Suite, Apt. #, etc. 4-VV	Suite, Apt. #, etc. 4-VV
City & State Miami, Florida	City & State Miami, Florida
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., STE. 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 ne 199th Lane
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 [signature] MGRM — 04-22-03
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

TITLE	MGRM	☐ Delete
NAME	TOBON, RAUL	
STREET ADDRESS	546 NE 199th Lane H4W	
CITY-ST-ZIP	Miami Fl 33179	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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] 04-22-03 305-652-6375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #