FILED
May 08, 2003 8:00 am
Secretary of State

03-20-2003 90037 046 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000025793

1. Entity Name
PLUSULTRA SERVICES, L.L.C.

55038987

Principal Place of Business	Mailing Address
2817 NE 32ND STREET, #210 FORT LAUDERDALE, FL 33306	2817 NE 32ND STREET, #210 FORT LAUDERDALE, FL 33306

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 76-0715021 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

VILLAGOMEZ, SANDER
2817 NE 32ND STREET, E210
FORT LAUDERDALE, FL 33306

7. Name and Address of New Registered Agent

Name: SAME.
Street Address (P.O. Box Number Is Not Acceptable): 2500 N. FEDERAL HWY STE 201
City: FT. LAUDERDALE FL Zip Code 33305

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

FEE NOW IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM PRESIDENT	☐ Delete	TITLE	VICE PRESIDENT	☐ Change ☑ Addition
NAME	VILLAGOMEZ, KLEBER		NAME	AIDA VILLAGOMEZ	
STREET ADDRESS	2817 NE 32ND STREET, #210		STREET ADDRESS	2817 NE 32nd ST. APT 210	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306		CITY-ST-ZIP	FT. LAUDERDALE FL 33306	
TITLE		☐ Delete	TITLE	MANAGER	☐ Change ☑ Addition
NAME			NAME	SANDER VILLAGOMEZ	
STREET ADDRESS			STREET ADDRESS	5191 NW 32nd CT	
CITY-ST-ZIP			CITY-ST-ZIP	MARGATE FL 33063	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Kleber Villagomez President 3/14/03 954-630-2532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #