

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90028 010 \*\*\*\*50.00

DOCUMENT # L02000031484

1. Entity Name

URO MADEIRA, LLC



**DO NOT WRITE IN THIS SPACE**

20035541

2. Principal Place of Business

8 MARINE PARADE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1936

Suite, Apt. #, etc.

City & State

BELIZE CITY

Zip

Country

BELIZE

City & State

BELIZE CITY

Zip

Country

BELIZE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CLARK W. SMITH, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

BARRISTERS BLDG, SUITE 500

1615 FORUM PLACE

City

WEST PALM BEACH FL

Zip Code

33401

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

Clark W. Smith Reg. Agent by expressed permission *[Signature]* Date 02-28-2003 25 April 2003

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGR  
MARNER ALAMINA  
8 MARINE PARADE  
BELIZE CITY, BELIZE

TITLE  
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IN THIS SPACE**

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: Marner Alamina MGR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

25 April, 2003 (501) 223 6566

Date

Daytime Phone #

CR2E083B (12/02)