

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

DOCUMENT # L02000034297

1. Entity Name

INVENTO LLC



FILED

2003 MAY -2 AM 8:59

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5200 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 410

City & State

Miami, Florida

Zip

33126

Country

U.S.A.

3. Mailing Address

5200 Blue Lagoon Dr.

Suite, Apt. #, etc.

Suite 410

City & State

Miami, Florida

Zip

33126

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

86-1055259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Tomas Gonzalez

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

5200 Blue Lagoon Drive

Suite 420

City

Miami

FL

Zip Code

33126

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

Tomas Gonzalez

Tomas Gonzalez

4/29/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	D/ GEC
NAME	Carlos Gonzalez
STREET ADDRESS	5200 Blue Lagoon Dr., Suite 420
CITY-ST-ZIP	Miami FL 33126
TITLE	D/ GCC
NAME	Juana Uribe
STREET ADDRESS	Carrera 9, No. 79A - 19
CITY-ST-ZIP	Bogota - Colombia
TITLE	D
NAME	Doug Gluck
STREET ADDRESS	5200 Blue Lagoon Dr., Suite 420
CITY-ST-ZIP	Miami FL 33126
TITLE	D
NAME	Antonio Ueros
STREET ADDRESS	calle 79 A No. 8-63 Piso 3
CITY-ST-ZIP	Bogota - Colombia
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Carlos Gonzalez

4/29/03

(305) 267 0821

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

Date

Daytime Phone #

CR2E083B (12/02)