2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 APR 17 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0002704 AF

DOCUMENT # L96000000303

1. Entity Name
PERLA ANTILLES, L.C.

Principal Place of Business	Mailing Address
1 SE 3RD AVE. SUITE 1980 MIAMI FL 33131	1 SE 3RD AVE. SUITE 1980 MIAMI FL 33131-1704

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

DO NOT WRITE IN THIS SPACE

MNM

4. FEI Number NOT APPLICABLE — 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
AMKGS REGISTERED AGENTS, INC. 1980 SUN TRUST INTERNATIONAL CENTER 1 SE 3RD AVE MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE ______________________
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 Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VELASCO, ALVARO 1 SE 3RD AVE, SUITE 1980 MIAMI FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000003230220--0 -04/28/00--01131--008 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMKGS REGISTERED AGENTS, INC. 1 SE 3RD AVE, SUITE 1980 MIAMI FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/99)

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 REQUIRED [signature] 4/10/00 (305) 3736600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #