2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90394 001 ****50.00

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

956240

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
One S.E. Third Ave.,	One S.E. Third Ave.,
Suite, Apt. #, etc.: Suite 2250	Suite, Apt. #, etc.: Suite 2250
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 Country:	Zip: 33131 Country:

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: AMKGS REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable): One S.E. Third Ave., Suite 2250 City: Miami, FL Zip Code: 33131

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 ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		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	MGRM Velasco, Alvaro One S.E. Third Ave., Suite 2250 Miami, FL 33131 ☒ Change ☐ Addition
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	MGRM AMKGS Registered Agents, Inc. One S.E. Third Ave., Suite 2250 Miami, FL 33131 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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.

AMKGS REGISTERED AGENTS, INC.
SIGNATURE: By: [signature] 4/25/02 305-372-5920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #