2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Apr 16, 2002 8:00 am Secretary of State DOCUMENT # L97000000033 1. Entity Name 04-16-2002 90071 027 ****50.00 INVERCREDITO, L.C. Principal Place of Business Mailing Address 90 SW 8TH STREET, 3RD FLOOR 90 SW 8TH STREET, 3RD FLOOR 937375 MIAMI FL 33130 MIAMI FL 33130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE -City & State City & State 4. FEI Number Applied For 65-0716086 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRUGOS, JAIME Street Address (P.O. Box Number is Not Acceptable) 90 S.W. 8TH STREET #3RD FLOOR **MIAMI FL 33130** City 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, 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 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** ☐ Delete TITI F Change ☐ Addition NAME **BRUGOS, JAIME** NAME STREET ADDRESS 90 SW 8TH ST #3RD FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI FL 33130 CITY-ST-ZIP MGRM TITI F ☐ Delete TITLE Change ☐ Addition NAME TERREROS, MARIA NAME STREET ADDRESS 90 SW 8TH ST #3RD FLOOR STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33130** CITY-ST-7IP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 receive for trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

08/07_ 305-3580199

FILED