2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State DOCUMENT # L9800001880 1. Entity Name 05-06-2002 90131 009 ****50.00 FIGUEROA SIERRA & ASOCIADOS, L.L.C. Principal Place of Business Mailing Address 2 SOUTH BISCAYNE BLVD., SUITE 1810 200 SOUTH BISCAYNE BLVD #4874 MIAMI FL 33131 MIAMI FL 33131-2303 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 52-2122752 Not Applicable Zip Country Zip Country \$5.00 Additional Certificate of Status Desired: Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PENINSULA REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 2 SOUTH BISCAYNE BLVD., SUITE 1810 MIAMI FL 33131 City Zip Code FL 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) DATE 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 TITLE □ Delete TITLE ☐ Addition Change NAME FIGUEROA SIERRA & ASOCIADOS, LTDA. NAME STREET ADDRESS CALLE 100 NO. 8A-49 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANTAFE DE BOGOTA D.C. COLUM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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FILED