2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90142 025 ****50.00

0010874

DOCUMENT # L99000002469

1. Entity Name
INGENIERIAS ASOCIADAS USA, L.L.C. ✓

Principal Place of Business	Mailing Address
8402 NW 70 ST. MIAMIA FL 33166	8402 NW 70 ST. MIAMIA FL 33166

957075

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4060 N.W. 132 STREET		4060 N.W. 132 STREET	
Suite, Apt. #, etc.: BAY A		Suite, Apt. #, etc.: BAY A	
City & State: OPA LOCKA, FL		City & State: OPA LOCKA, FL	
Zip: 33054	Country: USA	Zip: 33054	Country: USA

4. FEI Number 65-0915774 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ALEJANDRO RUBIO
8435 N.W. 68TH ST.
MIAMIA FL 33166

7. Name and Address of New Registered Agent

Name: ALEJANDRO RUBIO
Street Address (P.O. Box Number is Not Acceptable): 4060 N.W. 132 STREET, BAY A
City: OPA LOCKA FL Zip Code 33054

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] ALEJANDRO RUBIO 04/23/02
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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	RUBIO, ALEJANDRO	
STREET ADDRESS	8402 NW 70 STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: [signature] 04/23/02 (305)7184177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #