

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90220 007 ****50.00

DOCUMENT # L99000003739

1. Entity Name

LIBERTY INTERNATIONAL REINSURANCE LLC

Principal Place of Business

**2 ALHAMBRA PLAZA, SUITE 1200
 CORAL GABLES FL 33134**

Mailing Address

**2 ALHAMBRA PLAZA, SUITE 1200
 CORAL GABLES FL 33134**

2. Principal Place of Business

2333 Ponce de Leon Blvd.

3. Mailing Address

2333 Ponce de Leon Blvd.

Suite, Apt. #, etc.

R200

Suite, Apt. #, etc.

R200

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HOFFMAN, WILLIAM
 999 BRICKELL AVENUE, SUITE 650
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 MASON, ALFREDO
 2 ALHAMBRA PLAZA, SUITE 1200
 CORAL GABLES FL 33134** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 REINALDO IRAGORRI ANGULO
 2 ALHAMBRA PLAZA, SUITE 1200
 CORAL GABLES FL 33134** ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

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

TITLE
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☐ Change ☐ Addition

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]

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/02 (305) 779-7676

CR2E083 (9/01)