

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90164 028 ****50.00

DOCUMENT # L99000005065

1. Entity Name

CEDELCORP USA, LLC

Principal Place of Business

**C/O GR SHUTTS & BOWEN LLP
 201 S BISCAYNE BLVD 1600 MIAMI CENTRE
 MIAMI FL 33131**

Mailing Address

**C/O GR SHUTTS & BOWEN LLP
 201 S BISCAYNE BLVD 1600 MIAMI CENTRE
 MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0950431**

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

**CORPORATION COMPANY OF MIAMI
 201 S BISCAYNE BLVD
 1600 MIAMI CENTER
 MIAMI FL 33131**

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

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Delete
 NAME **LAIRET, OSWALDO**
 STREET ADDRESS **CALLE MIRADOR QUINTA FRAMER URB PRADOS DEL**
 CITY-ST-ZIP **ESTE, CARACAS, VENEZUELA**

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

TITLE **MGR** ☐ Delete
 NAME **CEDENO, ELIGIO**
 STREET ADDRESS **CUARTA AVENIDA EDIFICIO ESPO28 PISO 3**
 CITY-ST-ZIP **CARACAS, VENEZUELA**

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

TITLE ☐ Delete
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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 REQUIRED

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

4/1/02

CR2E083 (9/01)