# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006504

1. Entity Name
GASPAIS USA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:10

0004066 AF

Principal Place of Business
9200 S. DADELAND BLVD., STE 603
MIAMI FL 33156

Mailing Address
9200 S. DADELAND BLVD., STE 603
MIAMI FL 33156-2714

2. Principal Place of Business: 2612 SAWGRASS MILLS CIR.
Suite, Apt. #, etc.: # 1511
City & State: SUNRISE, FL
Zip: 33323 Country: USA

3. Mailing Address: 304 PALERMO AVE.
Suite, Apt. #, etc.:
City & State: CORAL GABLES, FL
Zip: 33134 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0955258 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
CUEVAS, ANDREW
9200 S. DADELAND BLVD.; STE 603
MIAMI FL 33156

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
500000313208 5---1
-02/11/00--01013--015
*****50.00 *****50.00
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] 01/28/00
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**

| 9. MANAGING MEMBERS / MEMBERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE: MEMBER.<br>NAME: SILCERIO TORRES<br>STREET ADDRESS: 10770 NW 66 ST #404<br>CITY-ST-ZIP: MIAMI - FL - 33178 | ☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE: MEMBER.<br>NAME: ARMIDA SALUIS DE TORRES<br>STREET ADDRESS: 10770 NW 66 ST #404<br>CITY-ST-ZIP: MIAMI - FL - 33178 | ☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE: MEMBER.<br>NAME: HERNAN CUADRADO D<br>STREET ADDRESS: 10770 NW 66 ST # 404<br>CITY-ST-ZIP: MIAMI - FL 33178 | ☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE: MEMBER.<br>NAME: IRNA ESPERANZA TORRES G<br>STREET ADDRESS: 10770 NW 66 ST # 404<br>CITY-ST-ZIP: MIAMI - FL - 33178. | ☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE: MEMBER.<br>NAME: OSCAR FERNANDO SOLANO<br>STREET ADDRESS: 10770 NW 66 ST # 404<br>CITY-ST-ZIP: MIAMI - FL - 33178 | ☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E083 (9/99)

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] 01/28/00 954 838-0620 305-594-9112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #