

2001 UNIFORM BUSINESS REPORT (UBR)

0010028 AF

DOCUMENT # L00000000610

1. Entity Name
BON AYRE, L.L.C.

FILED

01 APR 13 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
~~9200 S. DADELAND BLVD., SUITE 603~~ ~~9200 S. DADELAND BLVD., SUITE 603~~
~~MIAMI FL 33156~~ ~~MIAMI FL 33156~~

2. Principal Place of Business 3. Mailing Address
941 WASHINGTON AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
MIAMI BEACH
 City & State City & State
FL 33139
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

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

4. FEI Number **65-0974135** Applied For
 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
 Name **Andrew Cuevas, Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
536 Biltmore Way
 City **Coral Gables** FL Zip Code **33134**

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 *Andrew Cuevas* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

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-04/20/01--01106--016
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	MGRM			<input type="checkbox"/>
	FALZARANO, CARLOS	9200 S. DADELAND BLVD., SUITE 603	MIAMI FL 33156	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	MGRM			<input type="checkbox"/>	<input type="checkbox"/>
	FALZARANO CARLOS	941 WASHINGTON AVE	MIAMI BEACH 33139	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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
 Date: **04/10/01** Daytime Phone #: **(305) 535-9999**

CR2E083 (11/00)