2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 MAR 29 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLX174 AF

DOCUMENT # L96000001281

1. Entity Name

~~LEVINE, COHN, FEUER & ARTY, L.C.~~

ARTY, COHN FEUER & MAYA, L.C.

C/C Amend. filed 1/4/00

Principal Place of Business	Mailing Address
1150 NW 72 AVE., STE. 760 MIAMI FL 33126	1150 NW 72 AVE., STE. 760 MIAMI FL 33126-1932

DO NOT WRITE IN THIS SPACE

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 65-0718930 ☐ 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
ARTY, DANIEL 1150 NW 72 AVE., STE. 760 MIAMI FL 33126	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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ARTY, DANIEL 1150 NW 72 AVE., STE. 760 MIAMI FL 33126	☐ Delete	MEMBER RALPH MAYA 1150 NW 72 AVE., STE. 760 MIAMI, FL 33126	☐ Change ☒ Addition XX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	MEMBER JERYL D. WEITHORN 1150 NW 72 AVE., STE. 760 MIAMI, FL 33126	☐ Change ☒ Addition XX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	800003205048---8 -04/12/00--01009--004 *****55.00 *****55.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 REQUIRED _____ 3/23/00 305-592-9954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #