2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAY -2 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000037

1. Entity Name
A & R SOBE, LLC

Principal Place of Business	Mailing Address
4675 SW 74TH STREET MIAMI FL 33143	4675 SW 74TH STREET MIAMI FL 33134-5418

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1 CASUARINA CONCOURSE Suite, Apt. #, etc.	1 CASUARINA CONCOURSE Suite, Apt. #, etc.
City & State: CORAL GABLES FL	City & State: CORAL GABLES FL
Zip: 33143 Country: USA	Zip: 33143 Country: USA

4. FEI Number: 65-0883467 ☐ 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
PATHMAN, WAYNE M HABER, LEWIS & PATHMAN, LLP 2 SOUTH BISCAYNE BLVD., SUITE 3660 MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable): 2 SOUTH BISCAYNE BLVD SUITE 2400 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	MGR POTAMKIN, ALAN H 4675 SW 74TH STREET MIAMI FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1 CASUARINA CONCOURSE CORAL GABLES FL 33143
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR POTAMKIN, ROBERT M 4675 SW 74TH STREET MIAMI FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1 CASUARINA CONCOURSE CORAL GABLES FL 33143
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300003259293--0 -05/19/00--01078--012 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / 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 REQUIRED ALAN H. POTAMKIN 4-26-00 305-665-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #