2002 UNIFORM BUSINESS REPORT (UBR)

Jan 15, 2002 8:00 am Secretary of State DOCUMENT # L9900007927 01-15-2002 90033 028 ****50.00 RUBIO ARTS, L.C. Principal Place of Business Mailing Address 3843 ST. VALENTINE WAY 3843 ST. VALENTINE WAY ORLANDO FL 32811 ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3610860 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHAMS, MAURICE Street Address (P.O. Box Number is Not Acceptable) 111 N. ORANGE AVENUE, SUITE 1200 ORLANDO FL 32801 City Zip Code FL 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, 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 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM Delete TITLE ☐ Addition Change NAME RUBIO ARTS CORPORATION NAMÉ STREET ADDRESS STREET ADDRESS 3843 SAINT VALENTINE WAY CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 TITLE MEM ☐ Delete TITLE Change ☐ Addition NAME **RUBIO, JESS** NAME 3843 Saint Valentine Way STREET ADDRESS 3843 SAINT VALENTINE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 TITLE TITI E Change ☐ Addition Delete __ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

REQUIRIZIONA SINS Member 1/4/2002 407/849-1643
AGING MEMBER, MANAGER, OR AUTROMIZED MEPRESENTATIVE Date Destrict Phone # SIGNATURE:

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 prostee empowered to execute this report as required by Chapter 608, Florida Statutes.