2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009077

1. Entity Name

ARMIPLONA L.L.C.

FILED
01 SEP -6 PM 12:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2700 Bay Avenue Sunset Island #2 Miami Beach, FL 33140	2700 Bay Avenue Sunset Island #2 Miami Beach, FL 33140

2. Principal Place of Business	3. Mailing Address
2545 Bay Avenue	2545 Bay Avenue
Suite, Apt. #, etc.: Sunset Island #2	Suite, Apt. #, etc.: Sunset Island #2
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33140 / Country:	Zip: 33140 / Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1036861 ☐ 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
KUBIT, DONALD E., ESQ. 100 S.E. 2nd Street 17th Floor Miami, FL 33131	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 ______________________
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	MGR ☐ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	MATTLI, ILONA	NAME	MATTLI, ILONA
STREET ADDRESS	2700 Bay Avenue, Sunset Island #2	STREET ADDRESS	2545 Bay Avenue, Sunset Island #2
CITY-ST-ZIP	Miami Beach, FL 33140	CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	300004602133--0
STREET ADDRESS		STREET ADDRESS	-09/20/01--01032--019
CITY-ST-ZIP		CITY-ST-ZIP	*****50.00 *****50.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Ilona Mattli, Manager 08.21.01 305-531-6512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #