2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 30 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L93000000411

1. Entity Name
C. REEF, L.C.

Principal Place of Business	Mailing Address
407 LINCOLN RD.. #5C MIAMI BEACH FL 33139	407 LINCOLN RD.. #5C MIAMI BEACH FL 33139-3008

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
521 michigan ave Suite, Apt. #, etc.	521 michigan ave Suite, Apt. #, etc.
City & State: miami Beach, Fl.	City & State: miami Beach, Fl.
Zip: 33139 Country: USA	Zip: 33139 Country: USA

4. FEI Number 65-0449641 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DENAIN, CEDRIK
1121 CRANDON BLVD., #E406
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MURRAY, JEAN-JACQUES ~~407 LINCOLN RD., #5C~~ ~~MIAMI BEACH FL 33139~~	☐ Delete	MGR Murray, Jean-Jacques 521 michigan ave miami Beach, Fl. 33139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DENAIN, CEDRIK ~~407 LINCOLN RD., #5C~~ ~~MIAMI BEACH FL 33139~~	☐ Delete	MGR Denain, Cedrik 521 Michigan ave miami Beach, Fl. 33139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	900032598649--8 -05/19/00--01010--025 *****50.00 *****50.00	☐ 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

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 Cedrik Denain 04/06/00 (305) 532-3[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #