## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am Secretary of State DOSUMENT # L01000010621 1. Entity Name 05-13-2002 90204 011 \*\*\*\*55.00 95 INDUSTRIAL, L.C. Principal Place of Business Mailing Address 10451 NW 33RD ST 10451 NW 33RD ST MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 65 - 1121783 City & State Applied For 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 PERLSTEIN, ARNOLD ESQ Street Address (P.O. Box Number is Not Acceptable) 4801 S UNIVERSITY DR 2ND FL DAVIE FL 33328 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 Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE Change ☐ Addition NAME STUART INTERNATIONAL CORP NAME STREET ADDRESS 10451 NW 33RD ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33172** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Сhаппе ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: ZED FÉPRESENTATIVE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition