2001 UNIFORM BUSINESS REPORT (UBR)

000627 AF

DOCUMENT # L00000000387

1. Entity Name

GRISALES & ALFANO, LLC

01 MAY -2 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3400 CORAL WAY. STE 603 MIAMI FL 33145	3400 CORAL WAY. STE 603 MIAMI FL 33145

2. Principal Place of Business	3. Mailing Address
999 Brickell Avenue	999 Brickell Avenue
Suite, Apt. #, etc.: 700	Suite, Apt. #, etc.: 700
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. FEI Number: 65-0974953 — 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
ALFANO, ALEXANDER J 3400 CORAL WAY, SUITE 603 MIAMI FL 33145	Name: ALFANO, ALEXANDER J. Street Address (P.O. Box Number is Not Acceptable): 999 Brickell Avenue, Suite 700 City: Miami FL Zip Code: 33131

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] 04/30/01
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

200004316232--8
-05/25/01--01005--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRISALES, OSCAR 4471 NORTH WEST 36 STREET MIAMI FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRISALES, OSCAR 999 Brickell Av., Suite 700 Miami, Florida 33131 ■ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALFANO, ALEXANDER J 4471 NORTH WEST 36 STREET MIAMI FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALFANO, ALEXANDER J. 999 Brickell Av. Suite 700 Miami, Florida 33131 ■ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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] 04/30/01 (305) 3774555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (11/00)