2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
01 MAY -7 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000499

1. Entity Name
ECONOMIC DEVELOPMENT GROUP L.L.C.

Principal Place of Business	Mailing Address
7324 NW 46TH ST. MIAMI FL 33166	7324 NW 46TH ST. MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
210 NE 174th Street		210 NE 174th Street	
Suite, Apt. #, etc. 905		Suite, Apt. #, etc. 905	
City & State SUNNY ISLES BEACH, FLA		City & State SUNNY ISLES BEACH, FLA	
Zip 33160	Country U.S.A	Zip 33160	Country U.S.A

4. FEI Number ✓ Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SCHCOLNIK, JORGE LUIS
210 NE 174TH STREET, APT. 905
SUNNY ISLES BEACH FL 33160

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 GUSTAVO LAYA GRAL PAUNERO 3871 MAR del PLATA - ARGENTINA - 7600	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100004342171--7 -06/05/01--01084--015 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: JORGE L. SCHCOLNIK 04/11/01 (305) 401-7366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #