

2001 UNIFORM BUSINESS REPORT (UBR)

0010028 AF

DOCUMENT # L00000000610

1. Entity Name
BON AYRE, L.L.C.

FILED

01 APR 13 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~9200 S. DADELAND BLVD., SUITE 603~~
MIAMI FL 33156

Mailing Address
~~9200 S. DADELAND BLVD., SUITE 603~~
MIAMI FL 33156

2. Principal Place of Business 3. Mailing Address

941 WASHINGTON AVE
Suite, Apt. #, etc. MIAMI BEACH

City & State HI 33139

Zip Country Zip Country

4. FEI Number 65-0974135 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

~~CUEVAS, ANDREW ESQ~~
~~9200 S. DADELAND BLVD., SUITE 603~~
~~MIAMI FL 33156~~

7. Name and Address of New Registered Agent

Name Andrew Cuevas, Esq.
Street Address (P.O. Box Number is Not Acceptable)
536 Biltmore Way
City Coral Gables FL Zip Code 33134

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 *Andrew Cuevas*
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

400004036384--4
-04/20/01--01106--016
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM ☐ Delete
FALZARANO, CARLOS
STREET ADDRESS ~~9200 S. DADELAND BLVD., SUITE 603~~
CITY-ST-ZIP ~~MIAMI FL 33156~~

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Change ☐ Addition
FALZARANO, CARLOS
STREET ADDRESS 941 WASHINGTON AVE
CITY-ST-ZIP MIAMI BEACH 33139

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/10/01 (301) 535-9999
Date Daytime Phone #

CR2E083 (11/00)