## FILED Jul 17, 2002 8:00 am

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DOCUMENT # L0000000903  1. Entity Name						Secretary of State 05-22-2002 90273 029 ****50.00					
MAYA	, L.L.C.	`									
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Principal Place of Business Mailing Address				<u> </u>							
20590 W. DIXIE HIGHWAY 20 C/O ALLEN S. LEVI. CPA C/			20590 W. DIXIE HIGHM C/O ALLEN S. LEVI, O	20590 W. DIXIE HIGHWAY C/O ALLEN S. LEVI. CPA NORTH MIAMI BEACH FL 33180-1129			ç	74	S 6		
Principal Place of Business     3. I			3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	City & State			City & State			4. FEI Number 65-0993830 APPLIED FOR			Applied For	
Zip		Country	Zip	Cour	ntry		ate of Status Desired	П	\$5.00 Ac	lot Applicable	4
	e. Name	and Address of Current F	Registered Agent		T	7. Name a	nd Address of New Re			80	_
20	& C CORPO 1 SOUTH BI AMI FL 3313	rate Services, Inc. Iscayne BLVD. Suite 3 11	8000		Street Add	ress (P.O. Box Nun	nber is Not Acceptable)				_
					-			FL	Zip Cod	le	-
SIGNATURE		y submits this statement for or printed name of registered spent an				gistered agent, or i	ooth, in the State of Flori	DATE			
			Make Check F	Payable to	FEE IS \$50 Department of 1, 2002						1
9.	1 11000	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/C	HANGES	<del></del>		-
itle Ame Treet adoress ITY-ST-ZIP	20590 W.	, REUVEN MD . DIXIE HIGHWAY <u>(IAMI BEAC</u> H FL 33180-	□ Deleta		- 1				Change	Addition	CR2E083 (9/01)
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TITLE	MGRM Delete	TITLE		☐ Change	D Addition
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STREET ADDRESS	20590 W. DIXIE HIGHWAY	STREET ADDRESS			
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name •	-RODRIGUEZ, MARIA MD	NAME	· · · · · · · · · · · · · · · · · · ·	.Change	■ Addition
STREET ADDRESS	20590 W. DIXIE HIGHWAY	STREET ADDRESS		<del></del>	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180-1129	CITY-ST-ZIP			
TITLE #	LAURENCE ELGARRESTA NO Delete	TITLE			
NAME	20590 W. DIXIE MGHWAY	NAME		Change	Addition
STREET ADDRESS	NORTH MIAMI BEACH, FL 33180-	STREET ADDRESS			
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11. Thereby o	prify that the information as all a link as it and				J.

I hereby certify that the information supplied with this filtre boes for 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 the significant have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee emporage to execute this report as required by Chapter 608, Florida Statutes.

MOUNED SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE MANAGER, OR AUTHORIZED REPRESENTATIVE

954-962-6205 Daytime Phone #