2001 UNIFORM BUSINESS REPORT (UBR)

000174 AF

DOCUMENT # L00000001163

1. Entity Name

XYSTUS, L.L.C.

FILED
01 MAR 19 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
95 MERRICK WAY #525 CORAL GABLES FL 33134	95 MERRICK WAY #525 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
600 N HIATUS RD	SAME AS # 2
Suite, Apt. #, etc.: STE 103	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State
Zip: 33026 Country	Zip Country

4. FEI Number: 65-0979481 ☐ 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
SALGADO, JAVIER 380 GIRALDA AVE. #507 CORAL GABLES FL 33134	Name: SALGADO, JAVIER Street Address (P.O. Box Number is Not Acceptable): 600 N HIATUS RD STE 103 City: PEMBROKE PINES **FL** Zip Code: 33026

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 _____ DATE: 3/15/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM SALGADO, JAVIER 380 GIRALDA AVE. #507 CORAL GABLES FL 33134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SALGADO, JAVIER 600 N HIATUS RD STE 103 PEMBROKE PINES, FL 33026 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SALGADO, PATRICIA 380 GIRALDA AVE. #507 CORAL GABLES FL 33134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VALERO, PATRICIA 600 N HIATUS RD STE 103 PEMBROKE PINES, FL 33026 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	300003909[illegible] ☐ Change ☐ Addition -03/26/01--01093--024 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	☐ Change ☐ Addition

CR2E083 (11/00)

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 REQUIRED Javier Salgado 3/15/01 9544423333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #