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03-11-2002 90055 004 ***155.00
L00000001311
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000001311

1. Entity Name

HIGH VOLUME SALES, L.L.C.

Principal Place of Business	Mailing Address
23123 SOUTH STATE ROAD 7 BOCA RATON FL 33428	23123 SOUTH STATE ROAD 7 BOCA RATON FL 33428

2. Principal Place of Business		3. Mailing Address	
		7144 SW 47 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Miami, FL	
Zip	Country	Zip: 33155	Country: USA

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	7. Name and Address of New Registered Agent
SCHALLER, VERNON G 23123 SOUTH STATE ROAD 7 BOCA RATON FL 33428	Name: Alvaro Cabrera Street Address (P.O. Box Number is Not Acceptable): 7144 SW 47 St City: Miami FL Zip Code: 33155

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 _______________ 10/05/01
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~~
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alvaro Cabrera President 7144 SW 47 St Miami, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~[illegible]~~	☐ 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		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mailed 3/21/02	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2002 UBR w/CUS	☐ Change ☐ Addition

CR2E083 (5/01)

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: Alvaro Cabrera 10/05/01 (305) 667-5813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #