FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2002 8:00 am DOCUMENT # L0000002800 **Secretary of State** 1. Entity Name 01-24-2002 90355 047 ****50 00 MAROCMIAMI, L.L.C. Principal Place of Business Mailing Address 80982B 300-69TH STREET #5 300-69TH STREET #5 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1119486 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6.- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMADOR, ROLANDO A Street Address (P.O. Box Number is Not Acceptable) AMADOR & AMADOR, P.A. 780 N.W.LEJEUNE ROAD, SUITE 423 MIAMI FL 33126-5536 City 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 Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. Delete CR2E083 (9/01 TITLE **MGR** TITLE Change ☐ Addition NAME NAME BENAMOUR, AZIZ STREET ADDRESS STREET ADDRESS 300-69TH STREET #5 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete. -TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

305 1305 020 Daytime Phone #