| 2001 | UNIFORM     | <b>BUSINESS</b> | REPORT | (UBR |
|------|-------------|-----------------|--------|------|
|      | Oldii Oliim | DO3114F33       | HEFUR! | lanu |

| 200  | 1 UNIFORM BUS  | INESS REPO                       | RT (           | UBI                | R)                        |   |                        |   | •<br>•     |
|--|--|----------------------------------|----------------|--------------------|---------------------------|---|------------------------|---|------------|
| DOCUMENT # L0000003327   |  |                                  |                |                    |                           | FILED                                   |                        |   |            |
| 1. Entity Name INVERSIONES M.R., L.L.C.  |  |                                  |                |                    |                           | 01 APR -9 AM 7: 46                      |                        |   |            |
|  |  |                                  |                |                    |                           |   |                        |   |            |
| Principal Place of Business  9200 S. DADELAND BLVD SUITE 603  MIAMI FL 33156  MIAMI FL 33156  MIAMI FL 33156 |  | SUITE 603                        |                |                    | •                         | TALLAHA                                 | ARY OF ST<br>SSEE. FLO | ATE<br>IRIDA                                |            |
|  | •  |                                  |                |                    |                           |   |                        |   | ·<br>      |
|  | Place of Business  | 3. Mailing Address               |                |                    |                           |   |                        | <b>                                    </b> |            |
| 83 46 C NW South River Dr. 8346 C NW South Suite, Apt. #, etc.   |  |                                  | th Ki          | vek :              | ve.                       | DO NOT WRITE IN THIS SPACE              |                        |   |            |
| City & Stat  |  | City & State                     |                |                    | 4. FEI                    | Number<br>5 - 0993 2                    | 70                     |   | oplied For |
| MI AM<br>Zip   | Country  | Zip                              |                |                    |                           | tificate of Status De                   |                        | \$5.00 Add                                  |            |
| 3316   | 6. Name and Address of Current F   | 33166 Registered Agent           | <u> </u>       | S.A                |                           | ne and Address of                       |                        | Fee Require<br>ed Agent                     | d          |
| CHEVAS   | ANIDDEW ESO  | . <del></del>                    |                | Name               | Andre                     | u Wev                                   | as Es                  |   |            |
| -  | Andrew ESQ.<br>Dadeland Blvd., Suite 603   |                                  |                | Street A           |                           | Number is Not Acc                       |                        | <del></del>                                 |            |
| MIAMI FL   |  |                                  |                | 5                  | 36 Ps                     | i Itmore                                | War                    | ,   |            |
|  |  |                                  |                |                    | Coral                     | Gables                                  |                        | Zip Cod                                     | °33134     |
| 8. The above   | named entity submits this statement for  | the purpose of changing its      | egistered      |                    |                           |   | e of Florida.          |   |            |
|  | Aller (110)  | 105                              |                |                    |                           |   |                        |   |            |
| SIGNATURE .  | signature, typed or printed name of registered agent at  | nd title if applicable. (NOTE:   | Registered A   | gent signatu       | ire required when reinsta | ting}                                   | DAT                    | E   |            |
|  |  | FILE NO                          | W!!! FE        | EE IS \$           | 50.00                     |   |                        |   |            |
|  |  | Make Check Pay                   | able to        | Departi            | ment of State             |   |                        |   |            |
| 9.   | MANAGING MEMBE   | RS/MEMBERS                       | 10.            |                    | -14 0.4                   | ADDI                                    | TIONS/CHANG            |   |            |
| TITLE<br>NAME  | MGRM<br>RUTNENOFF, MIROSLAVA   | ☐ Delete                         | TITLE<br>NAME  |                    | MGRM<br>RUMENO            | FF, MIRUS                               | LAVA                   | ☐ Change                                    | Addition   |
| Street address   | 9200 S. DADELAND BLVD., SUITI<br>MIAMI FL 33156  | E 603                            |                |                    | 8346 C NV                 | v 500th RIV<br>L 33166                  | ER DR.                 |   |            |
| CITY-ST-ZIP<br>TITLE   | MGRM   | □ Delete                         | TITLE          |                    | MGRM                      |   |                        | Change                                      | ☐ Addition |
| NAME   | DE RUTNENOFF, CARMEN<br>9200 S. DADELAND BLVD., SUITI  |                                  | NAME           |                    | DE RUME                   | NOFF, CAR                               | MEN<br>IED. DP.        | •   | ļ          |
| STREET ADDRESS<br>CITY-ST-ZIP  | MIAMI FL 33156   | L 003                            | STREET .       | address  <br>T-zip | 8346€ N\<br>MIAMI -∓      | ~ 3316<br>-L 3316                       | 6                      |   | ļ          |
| TITLE  | The second secon | ☐ Delete                         | TITLE          |                    | 1 188                     |   | . <del>-</del> •       | * Change                                    | · Addition |
| NAME<br>STREET ADDRESS   |  |                                  |                | ADDRESS            |                           |   |                        |   |            |
| CITY-ST-ZIP<br>TITLE   |  | Delete                           | CITY-ST        | 1-21               |                           |   |                        | ☐ Change                                    | ☐ Addition |
| NAME   |  |                                  | NAME           | ADDDECC            |                           | 9000                                    | 7401                   | <b>4379</b> ;                               | 5          |
| STREET ADDRESS<br>CITY-ST-ZIP  | ٠.   |                                  | CITY-ST        | ADDRESS<br>T-ZIP   |                           |   | 4/17/01~<br>★★★★50.0   |   |            |
| K <u>r</u> le  |  | ☐ Delete                         | TITLE          |                    |                           |   |                        | Change                                      | ☐ Addition |
| NAME<br>Street Address   |  |                                  | NAME<br>STREET | ADDRESS            |                           |   |                        | •   | }          |
| CITY-ST-ZIP  | `  |                                  | CITY-ST        | T-ZIP              |                           |   |                        |   |            |
| TITLE<br>Name .  |  | ☐ Delete                         | TITLE<br>NAME  |                    |                           |   |                        | Change                                      | Addition   |
| STREET ADDRESS   |  |                                  |                | ADDRESS            | a di                      | _                                       |                        |   | [          |
| CITY-ST-ZIP  | certify that the information supplied with   | this filing does not qualify for | CITY-ST        |                    | erl 19 e unde             | .07(3)(i), Florida Sta                  | <br>atutes. I further  | certify that the in                         | nformation |
| indicated  | on this report is true and accurate and t<br>bility company or the receiver or trustee   | hat my signature shall have th   | ne same le     | egal effer         | er 608, FI                | er oath; that I am a<br>orida Statutes. | managing mer           | nber or manage                              | r of the   |
|  | VE DAAAL   |                                  | カースタ           |                    |                           | // / ^ ?                                |                        |   |            |
| SIGNAT   | URE: SIGNATURE AND TYPED OR PRINTED NAME OF  | SIGNING MANAGING MEMBER, MANA    | NGER, OR AU    | THORIZED           | REPRESENTATIVE            | 4/03 <sub>/</sub>                       | 101                    | Daytime Phone #                             |            |
|  |  |                                  | ,              |                    |                           | 20.4                                    |                        |   |            |