2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L-5547

1. Entity Name

JIIM LLC

FILED
01 SEP 17 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
7700 N. KENDALL DR		7700 N. KENDALL DR.	
Suite, Apt. #, etc. #604		Suite, Apt. #, etc. #604	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33156	Country	Zip 33156	Country

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

UTSET, FRANK A
100 WEST CYPRESS CREEK RD.
SUITE 700
FT. LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______________________ DATE
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

400004611784--8
-09/26/01--01036--008
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE MANAGER NAME IPARRAGUIRRE, JOSE I STREET ADDRESS 7700 N. KENDALL DR. #604 CITY-ST-ZIP MIAMI FL 33156	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: JOSE IPARRAGUIRRE MANAGER 9-12-01
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #