

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

06-10-2002 90119 029 \*\*\*\*55.00

DOCUMENT # L 0000000 5662

1. Entity Name

THE COMPANY, L.L.C.

**DO NOT WRITE IN THIS SPACE**

968816

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3000 Island wld.

Suite, Apt. #, etc.

2405

3. Mailing Address

P.O. Box 330589

Suite, Apt. #, etc.

City & State

AVENTURA FL

City & State

MIAMI FL

4. FEI Number

65-1010157

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

HKE & F Registered Agent Corp.

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

2601 S. Bayshore

# 600

City

MIAMI

FL

Zip Code

33133

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IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P. BIDAUI, CYRIL  
2929 S.W. 30th COURT  
MIAMI, FL 33133

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6/5/02 (786) 3263774

CR2E083B (12/01)