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2001	UNIFORM	BUSINESS	REPORT (UBR)	 A CONTRACT OF THE PARTY OF THE

	MENT# LOOOO		F	LED	•	į		
1. Entity Name CORPARK INTERNATIONAL GROUP, L.L.C.					01 MAY 11	→ PM 1:53		•
	· · · · · · · · · · · · · · · · · · ·				SECRETAR	Y OF STATE SEE, FLORIDA		
	e of Business	Mailing Address	_	1	TALLAHAS	SEE. FLORIDA		
9200 S DADE SUITE 603	ELAND BLVD	9200 \$ DADELAND BLVI SUITE 603)					
MIAMI FL 331	56	MIAMI FL 33156			A ERRITARIA DAL BRITA BRITA BRITA	lika weni kwali Athaw Alawa (i	I i. 191 11 6161 189 1	
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24254	tace of Business Executive Park DR.	der Park	on.		DILL WE 117 WE 111 WE 12 W DIEWI 350	U U(† U) U)		
Suite, Apt.	u H2 S	Suite, Apt. #, etc.	<u>5</u>		DO NOT WRI	TE IN THIS SPACE		
City & Stat		City & State Con ,	FL	4. 6	5-101386		Applied For Not Applicable	
. Zip	Country	^{Zio} 3333 1	Country	_ <u></u>	rtificate of Status Desired	□ \$5.00 Ac Fee Requir		
	6. Name and Address of Current F	legistered Agent	Name	7. Na	me and Address of New F			
CUEVAS.	ANDREW ESQ		0	-Andl	igw Cheva	5,259		
-	& RUBIN PA		Street A	daress (P.O. Bo)	Number is Not Acceptable	", Ρ.Α		ļ
9200 S D	ADELAND BLVD SUITE 603			53	C Bilt MOM	4 WHY	ļ	
MIAMI FL	33156		City	Conal	leable (FL Zip Co	9/3U	
8. The above	named shtity submits this statement for	the purpose of changing its	registered office o	r registered agen		orida.		
	HADON! (m							ļ
SIGNATURE	Signature, typed or printed name of registered egent ar	d title if applicable. (NOT	E: Registered Agent signal	ure required when reins	tating)	DATÉ		
			OW!!! FEE IS sayable to Depart					
9.	MANAGING MEMBE	RS/MEMBERS	. 10.		ADDITIONS	CHANGES		
TITLE	MGRM	Delete	TITLE			Change	Addition	9
NAME STREET ADDRESS	MENDOZA, FRANCISCO ANTONI 9200 S DADELAND BLVD SUITE		NAME STREET ADDRESS					3 (1)
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TITLE	MGRM	☐ Detete	TITLE	HEBH	. (p.:// 114 \)	Change	☐ Addition	CRS
NAME STREET ADDRESS	CONCHADO, OSCAR BERNAL 9200 S DADELAND BLVD SUITE	NAME STREET ADDRESS	2625 6	L CONCHADO, Executive Park	br. Suite	5		
CITY-ST-ZIP	MIAMI FL 33156		.CITY-ST-ZIP	weston	FL 33331			
TITLE		☐ Delete	TITLE			Change	☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS			NAME Street Address					
CITY-ST-ZIP			CITY-ST-ZIP				(
11. I hereby c	ertify that the information supplied with to on this report is true and accurate and billity company or the receiver or trustee	his filing does not qualify for	r the exemption sta	ted in Section 11	9.07(3)(i), Florida Statutes. I	further certify that the	information er of the	
limited liat	pility company or the receiver or trustee	empowered to execute this	report as required l	by Chapter 608, I	lorida Statutes.			

SIGNATURE:

MEED OR PRINTED NAME OF SIGNING WANDS ACROBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #