2002 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2002 8:00 am Secretary of State DOCUMENT # L0000007008 1. Entity Name 03-05-2002 90001 034 ****50.00 LEON & FARRAYE IMPORT AND EXPORT, L.L.C. Principal Place of Business Mailing Address *18721 SW 28 COURT 18721 SW 28 COURT 830316 MIRAMAR FL 33029 MIRAMAR FL 33029 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1017028 Not Applicable Zip Country Zip 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 CUEVAS, ANDREW ESQ Street Address (P.O. Box Number is Not Acceptable) 536 BILTMORE WAY CORAL GABLES FL 33134 Zip Code City FL 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. 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 Due By May 1 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. 7331 NW 34th STREET & Change MIAMI, FL 33122 **MGRM** ☐ Addition TITLE TITLE Delete HENECH, ELIAS FARRAYE NAME NAME 18721 SW 28 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33029 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

954-431-2967

Date

FILED