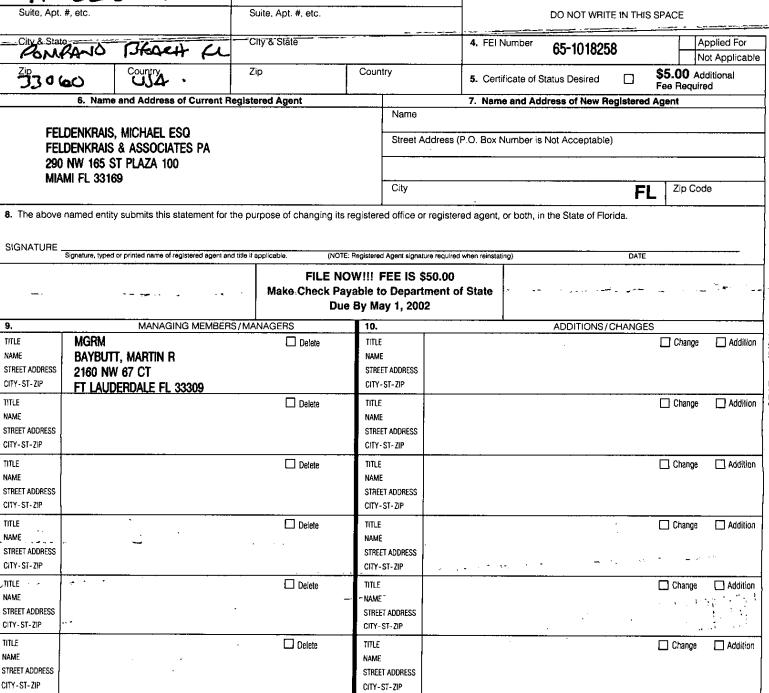
FILED 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L00000007319 1. Entity Name 06-05-2002 90419 005 ****50.00 CRYSTAL CLEAR USA, L.C. Principal Place of Business Mailing Address 2160 NW 67 CT 2160 NW 67 CT FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 Principal Place of Busines 3. Mailing Address 710 SE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 65-1018258 Zip Country ^ഈ വ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FELDENKRAIS, MICHAEL ESQ Street Address (P.O. Box Number is Not Acceptable) FELDENKRAIS & ASSOCIATES PA 290 NW 165 ST PLAZA 100 **MIAMI FL 33169** City 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, 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 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM □ Delete TITLE Change NAME BAYBUTT, MARTIN R NAME STREET ADDRESS STREET ADDRESS 2160 NW 67 CT CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 □ Delete TITLE Change NAME NAME

Jun 05, 2002 8:00 am Secretary of State



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 AND TYPED OR PRINTED NAME OF SIGNING MA

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE