2001 UNIFORM BUSINESS REPORT (UBF	2001 UNIFORM	BUSINESS	REPORT	(UBR
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1. Entity Nar		0007746					}	
Principal Place of Business 20515 EAST COUNTRY CLUB DRIVE #1443 AVENTURA FL 33180 Mailing Address 20515 EAST COUNTRY CLUB DRIVE #1443 AVENTURA FL 33180					OI JAN 25 PM 3: 21 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 3. Mailing Address				I I Ja hi j ah B ah Ba hia Bu hik Tu ah	ABINA BUMAN BENCH UNAHA MUNIA NUNA 	† 8:018 4 030 10 3 0		
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WE	RITE IN THIS SPACE	, .		
City & State City & State 4. FEI N		FEI Number	, 	applied For				
Zip	Country	Zip	Country	5.	Certificate of Status Desired	¢5.00 ·		
يد سومي	6. Name and Address of Current F	legistered Agent	No		Name and Address of New		30 ,	
	R, YEHEIL			Name Street Address (RO, Boy Number is Not Assentable)				
20515 EAST COUNTRY CLUB DRIVE #1443 AVENTURA FL 33180				Street Address (P.O. Box Number is Not Acceptable)				
			City	y		FL Zip Cod	te	
8. The above	named entity submits this statement for	the purpose of changing its	registered offi	ce or registered a	gent, or both, in the State of F		!	
SIGNATURE .								
	Signature, typed or printed name of registered agent an		****	signature required when	reinstating)	DATE		
•		FILE NO Make Check Pa	OW!!! FEE yable to De		ate			
9.	MANAGING MEMBEI	RS/MEMBERS	10.		ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHEHRUR, YEHIEL 20515 EAST COUNTRY CLUB DR AVENTURA FL 33180	□ Delete VE #1443	TITLE ' NAME STREET ADDR	i i		☐ Change	noitibby	
TITLE NAME		: Delete	TITLE			☐ Change	Addition 85	
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDR CITY-ST-ZIP		00000: -02/(****	3623650 270101007 **50 00 *****)——3 -016 ∗50 00	
NAME STREET ADDRESS CITY-ST-ZIP	·	Delete :	TITLE NAME STREET ADDR			. Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDR		W	☐ Change	Addition	
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NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP			☐ Change	Addition	
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.								
SIGNAT	URE:	PEQUI IGNING MANAGING MEMBER, MAN.	同区() AGER, OR AUTHOR	RIZED REPRESENTATIV	22/0/ = 9/10	3/85 - 19 2- Daytime Phone #	7271	