2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007801

1. Entity Name
St. Pellicer Holdings, LLC

FILED
01 MAY -1 PM 5:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
437 41st St.	437 41st St.
Suite, Apt. #, etc.: 214	Suite, Apt. #, etc.: 214
City & State: Miami Beach, FL	City & State: Miami Baech, FL
Zip: 33140 Country: USA	Zip: 33140 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-102-0536 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name: 305-672-9200 Management, Inc. Street Address (P.O. Box Number is Not Acceptable): 437 41st Street #200 Miami Beach, FL 33140 City: FL 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: Pres./305-672-9200 Management, INc. 4/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Aimee St. Pellicer 437 41st Street #214 Miami Beach, FL 33140 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Aimee St. Pellicer 437 41st Street #214 Miami Beach, Fl 33140 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400004274304--3 -05/21701--01152--002 *****55.00 *****55.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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: Aimee St. Pellicer M. 4/25/01 305-672-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #