

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007838

1. Entity Name
SLSC ACQUISITION COMPANY, LLC

Principal Place of Business
7333 CORAL WAY
MIAMI FL 33144

Mailing Address
7333 CORAL WAY
MIAMI FL 33144

2. Principal Place of Business
7333 Coral Way
Suite, Apt. #, etc.

3. Mailing Address
7333 Coral Way
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33155

Country
USA

Zip
33155

Country
USA

4. FEI Number **65-1022P19** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

FILED
01 JUL -2 AM 8:47
SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CABRERA, ORLANDO J
701 BRICKELL AVENUE, SUITE 1900
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name John H. Ruiz
Street Address (P.O. Box Number is Not Acceptable)
198 NW 37 Ave
City Miami FL Zip Code 33125

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 Anthony David Ruiz, Esq. 4-26-2001
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

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-07/16/01--01044--005
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Managing Member	Anthony David Ruiz	7333 Coral Way	Miami, FL 33155	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Managing Member	John H. Ruiz	198 NW 37 Ave	Miami, FL 33125	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Anthony David Ruiz 4/26/2001 305-261-5400
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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CR2E083 (11/00)