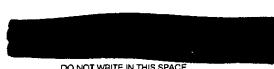
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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000008766

FILED May 27, 2002 8:00 am Secretary of State

04-02-2002 90966 003 ****50.00



1. Entity Name Polikar enterprises, L.L.C. ู _ ; _ **ฺ** ฺ ู **ฺ ฺ ู บฺ บ** ป ฝ ข Principal Place of Business Mailing Address 433 LINCOLN ROAD 433 LINCOLN ROAD MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 3. Mailing Address 2. Principal Place of Business Sulte, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-1025865 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent TORCHIN, DAVID Street Address (P.O. Box Number is Not Acceptable) 8211 WEST BROWARD BLVD., SUITE 200 PLANTATION FL 33324-2726 Zip Code City 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 Signature, typed or printed name of registered agent and title it 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Addition Change ☐ Delete TITLE TITLE Polilcan POLIKAN, MICHEL NAME NAME STREET ADDRESS STREET ADDRESS 3326 FARRAGUT ST., #6-G CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021-3134 Change ☐ Addition ☐ Delete TITLE 001:62-POLIKAN, NIVA NAME STREET ADDRESS STREET ADDRESS 3326 FARRAGUT ST., #6-G CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021-3134 ☐ Change ☐ Addition TITI F Deleta NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delate TITLE TIME TO COME TO ST NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of the receiver or trustee empewered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEN

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