APPROVED **2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT#** L00000008911 1. Entity Name 01 JUN 14 AM 11:53 JONIS ENTERPRISES, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6920 NERVIA STREET 6920 NERVIA STREET CORAL GABLES FL 33143 **CORAL GABLES FL 33143** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Country \$5.00 Additional Country 5. Certificate of Status Desired - . 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent KRAMER, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD., SUITE 485 SOUTH HOLLYWOOD FL 33021 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 9. 10. CR2E083 (11/00) ☐ Change Addition TITLE ☐ Delete TITLE MGR NAME NAME HALEGUA, INO STREET ADDRESS STREET ADDRESS 6920 NERVIA STREET CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL 33143 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP -06/18/01--01@(@ange01© Addition ☐ Delete TITLE TITLE NAME *****50.00 ****50.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE 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-7IP 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 or the receiver or musted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

305 667-692.0

Dayslme Phone #