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200	1 UNIFORM BUSIN	ESS REPOR	RT (UBR)	)		
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1/0	peorpack, L.C.	•	, <del>-</del> •	FILED		
Principal Place of Business Mailing Address				01 JUN 27 AM 8: 47		
_	TAND, FL. 33462	VE. Suite	108	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business     3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State City & State			4. FEI Number Applied Applied Not App	d For plicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required	al	
	6. Name and Address of Current Regis		N	7. Name and Address of New Registered Agent		
Spierel & Arrena P.A. 343 Almeria Ave.		Name				
34:	2 ALMERSO AVE.		Street Addre	ress (P.O. Box Number is Not Acceptable)		
CORAL GABLES, FL. 33134			City	City FL Zip Code		
8. The above	named entity submits this statement for the p	ourpose of changing its re	gistered office or reg	gistered agent, or both, in the State of Florida.		
SIGNATURE						
	Signature, typed or printed name of registered agent and title i	if applicable. (NOTE: R	legistered Agent signature rec	equired when reinstating) DATE		
		· · · · · · · · · · · · · · · · · · ·	VIII FEE IS \$50.			
سبب محسب	<u> </u>	Make Check Paya	ible to Departmen	int of State	. ب	
9.	MANAGING MEMBERS/M	MEMBERS	10.	ADDITIONS/CHANGES		
TITLE	PO	☐ Delete	TITLE	☐ Change ☐	Addition	
NAME	HENRY ORDERO 2927 WINDSWEDT Dr. Ste	108	NAME			
STREET ADDRESS CITY-ST-ZIP	LAWTAND, FL 33462.	. 70	STREET ADDRESS CITY-ST-ZIP			
TITLE	1220	☐ Delete	TITLE	☐ Change ☐	Addition	
NAME STREET ADDRESS	HENRY FACION OROZCO 2927 WINDSWEPT Dr. Sta.	108	NAME STREET ADDRESS	400004475524 -07/13/0101107014	-3	
CITY-ST-ZIP	LANTAND, PL. 33462		CITY-ST-ZIP	-07/13/0101107U1	4	
TITLE:	5	☐ Delete -	TITLE	******55.00 ******55.00 Change	Addition	
NAME	KAREN ONOZEO 2927 WINDSWEPT Or. FU	108	NAME	,		
STREET ADDRESS CITY-ST-ZIP	CANTANA, FL. 33462		STREET ADDRESS CITY-ST-ZIP			
TITLE	T .	□ Delete	TITLE	Change	Addition	
NAME	his Dany Paya	γo P	NAME			
STREET ADDRESS CITY-ST-ZIP	2927 NINDSWEPT Dr. Fte 1 ANTANA, A. 23462	ve	STREET ADDRESS CITY-ST-ZIP	i ·		
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NAME		LI Desett	NAME	ţ . U diange Li		
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TITLE NAME .		☐ Delete	TITLE NAME	Change	Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST=ZIP			CITY-ST-ZIP			

11. Thereby 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 redeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6-22-01 (561) 968-3396

Date Daving Phone #

CR2E083 (11/00)