2001 UNIFORM BUSINESS REP	ORT	(UBR
---------------------------	-----	------

DOCUMENT # L0000010832 1. Entity Name ODALYS AUCTION HOUSE LC				FILED						
Principal Plac	e of Busines		Mailing Address			1	01 JAN 29	PH 2	54	
8300 NW 74			8300 NW 74 TERRAC	:F		GEODETADY OF GTATE				
TAMARAC FL			TAMARAC FL 33321	· L		SEGRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business Address Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE								
City & State City & State			4. FEI	Number	190	No	oplied For ot Applicable			
Zip		Country	Zip	Cour	ntry	5. Cert	ificate of Status Desired		\$5.00 Add	
	6. Name	and Address of Current	Registered Agent		<u> </u>	7 Nam	e and Address of New	Registered		<u>-</u>
• •					Name	· · •				
DIVETO, 1 7425 NW	Charles (4th st.	M JR.			Street Address	(P.O. Box N	Number is Not Acceptabl	e)		
PLANTAT	10N FL 33:	317		-						
1.					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 .	Signature, typed	or printed name of registered agent	and title if applicable. (I	NOTE: Registere	d Agent signature required	d when reinstat	ting)	DATE	· · · · · · · · · · · · · · · · · · ·	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State										
9.		MANAGING MEMB	ERS/MEMBERS	10.			ADDITIONS	/CHANGES	3	
TITLE	MGRM		☐ Delete	TITL	E			•	Change	☐ Addition
NAME STREET ADDRESS	SARAVO, ODALYS SANCHEZ		EET ADDRESS							
CITY-ST-ZIP	000 111 74 12111702			-ST-ZIP						
TITLE			☐ Delete	TITL	E				☐ Change	☐ Addition
NAME	NAME					4000003	1631	594	5	
STREET ADDRESS : CITY-ST-ZIP				ET ADDRESS - ST-ZIP	-02/02/0101134003 *****50.00 *****50.00					
TITLE			☐ Delete	, TITL	E		-1-1-1-1-1		☐ Change	Addition
NAME				NAM	Ė					_
STREET ADDRESS CITY-ST-ZIP-			-		ET ADDRESS -ST-ZIP			,		!
TITLE			☐ Delete	TITL	i i	,			Change	Addition
NAME STREET ADDRESS			Alic	NAM	E ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					· · · · · · · · · · · · · · · · · · ·
TITLE NAME .			☐ Delete	TITLI					☐ Change	Addition Addition
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS				NAM STRE	E ET ADDRESS					
CITY-ST-ZIP			•		-ST-ZIP					
11. I hereby to indicated limited lial	ertify that the on this report bility compar	e information supplied with it is true and accurate and my or the receiver or truste	this filing does not qualify that my signature shall ha empowered to execute the	for the exe	mption stated in Se e legal effect as if n required by Chapt	ection 119.0 nade unde ter 608. Fin	07(3)(i), Florida Statutes. r oath; that I am a managorida Statutes.	I further cer ging membe	rtify that the in er or manage	formation r of the
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 required to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF P										
	SIGNATURE :	THE OH PRINTED NAME O	MING MANAGING MEMBER,	MANAGER, OR	AUTHORIZED REPRESE	NTATIVE	Date		Daytime Phone #	