**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 13, 2002 8:00 am Secretary of State DOCUMENT # L0000011233 1. Entity Name 03-13-2002 90099 011 \*\*\*\*50.00 WALTER MARBLE LLC Principal Place of Business Mailing Address 2727 NORTH ANDREWS AVE., STE, 102 2727 NORTH ANDREWS AVE., STE. 102 FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 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 4. FEI Number 65-1040382 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALTER A. CIFUENTES Street Address (P.O. Box Number is Not Acceptable) 2727 NORTH ANDREWS AVE., STE. 102 FORT LAUDERDALE FL 33311 Zip Code nits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity Cituentes/ President SIGNATURE 2 tered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES (9/01) TITLE ☐ Delete TITLE Change ☐ Addition CIFUENTES, WALTER A NAME NAME CR2E083 2727 NORTH ANDREWS AVE., STE. 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TIT( F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete Change ☐ Addition NAME 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 ☐ Delete TITLE TITLE ☐ Change ☐ Addition 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 or the receipter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

A Cifuented President Oz | 28/02 (954) 564-2027 SIGNATURE