2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011464

1. Entity Name
INSTITUTO DE ENZENANZA PARA LA PAZ INTERIOR, L.L

FILED
01 MAY 17 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000021 AF

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9350 S. DIXIE HIGHWAY. PH2 MIAMI FL 33156	9350 S. DIXIE HIGHWAY. PH2 MIAMI FL 33156

2. Principal Place of Business		3. Mailing Address	
3440 HOLLYWOOD BLVD		3440 HOLLYWOOD BLVD	
Suite, Apt. #, etc. 360		Suite, Apt. #, etc. 360	
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL	
Zip 33021	Country U.S.A.	Zip 33021	Country U.S.A.

4. FEI Number 65-1043318 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A
9350 S. DIXIE HIGHWAY, PH2
C/O ROTH, ROUSSO & BENJAMIN
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name ROTH, LEONARDO A
Street Address (P.O. Box Number is Not Acceptable)
3440 HOLLYWOOD BLVD
City HOLLYWOOD FL Zip Code 33021

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] LEONARDO A. ROTH, ESQ 4-13-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARIO IANNICI, EDUARDO LIEANDRO DE LA TORRE 1323 1638 VIOENTE LOPEZ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IANNICI, EDUARDO MARIO LISANDRO DE LA TORRE 1323 1638 VICENTE LOPEZ ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIEVAS CASCATA, ADRIANA LIEANDRO DE LA TORRE 1323 1638 VIOENTE LOPEZ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASLATA, ADRIANA VIEVES LISANDRO DE LA TORRE 1323 1638 VICENTE LOPEZ. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BK ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900004419269--9 -06/14/01--01019--023 *****50.00 *****50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: * SIGNATURE REQUIRED EDUARDO IANNICI (MGRM) 4-13-01 (954)322-4280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)