

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012210

1. Entity Name

OK, L.L.C.

Principal Place of Business

250-180 DRIVE
CARIBBEAN BREEZE STE. 404
SUNNY ISLES FL 33160

Mailing Address

250-180 DRIVE
CARIBBEAN BREEZE STE. 404
SUNNY ISLES FL 33160

2. Principal Place of Business

250-180 DR
Suite, Apt. #, etc.
404

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami Sunny Isles

City & State

Zip

Country

FL

4. FEI Number

65-1052063

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEHAR, DAVID ADATTO
250-180 DRIVE
CARIBBEAN BREEZE STE. 404
SUNNY ISLES FL 33160

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OPENING OF NEW
COMPANY BANK
350-180 DRIVE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BEHAR, DAVID ADATTO
STREET ADDRESS 250-180 DRIVE
CITY-ST-ZIP SUNNY ISLES FL 33160

Delete

TITLE
NAME SECREARY
STREET ADDRESS RENE ADAHO
CITY-ST-ZIP 250-180 DR
SUNNY ISLES

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

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CITY-ST-ZIP

Change

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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

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

07/18/02

305-336-5816

Date

City/Time Phone #

FILED
Aug 11, 2002 8:00 am
Secretary of State

07-23-2002 90344 049 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)