2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # L00900013323 1. Entity Name 04-17-2002 90028 026 ****50.00 OCELOT, LLC Principal Place of Business Mailing Address 3225 AVIATION AVENUE, 7TH FLOOR 3225 AVIATION AVENUE, 7TH FLOOR MIAMI FL 33133 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-1057901 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAMENESH, PETER Z Street Address (P.O. Box Number is Not Acceptable) 3225 AVIATION AVENUE, 7TH FLOOR **MIAMI FL 33133** City Zin Code (2) 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. ſ, SIGNATURE 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 Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES CR2E083 (9/01) MGR ☐ Addition TITLE ☐ Delete TITLE Change OCELOT MANAGEMENT, INC. NAME NAME STREET ADDRESS 3225 AVIATION AVENUE, 7TH FLOOR STREET ADDRESS CITY-ST-ZIE **MIAMI FL 33133** CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

STREET ADDRESS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

FILED