2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 APR 23 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000013406

1. Entity Name
Pixelcol, L.L.C.

Principal Place of Business	Mailing Address
2103 Coral Way Suite 202 Miami, FL 33145	2103 Coral Way Suite 202 Miami, FL 33145

2. Principal Place of Business		3. Mailing Address	
6224 N.W. 181st Terr.		6224 N.W. 181st Terr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33015	Country: U.S.A.	Zip: 33015	Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1057435 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Perdomo, Michelle L.
2103 Coral Way, Suite 202
Miami, FL 33145

7. Name and Address of New Registered Agent

Name: Silva-Parra, Carlos E.
Street Address (P.O. Box Number is Not Acceptable): 6224 N.W. 181st Terr.
City: Miami **FL** Zip Code: 33015

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] Carlos E. Silva-Parra 04/17/01
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

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-05/07/01--01041--007
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	Mgr.	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	Silva-Parra, Carlos E.		NAME		
STREET ADDRESS	2103 Coral Way, Suite 202		STREET ADDRESS	6224 N.W. 181st Terr.	
CITY-ST-ZIP	Miami, FL 33145		CITY-ST-ZIP	Miami, FL 33015	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (11/00)

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] Carlos E. Silva-Parra 04/17/01 305-557-7299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

STF FL32519F.1