

2001 UNIFORM BUSINESS REPORT (UBR)

0011211 AF

DOCUMENT # L00000014044

1. Entity Name
MAS PICANTE, L.C.

FILED

01 MAY 29 PM 3:53

SECRETARY OF STATE
FLORIDA



DO NOT WRITE IN THIS SPACE

| | | | |
|-----------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------|---------|
| Principal Place of Business 3600 MYSTIC POINTE DRIVE #917 AVENTURA FL 33180 | | Mailing Address 3600 MYSTIC POINTE DRIVE #917 AVENTURA FL 33180 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 65-1057025 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent CARL, HAROLD E III 3600 MYSTIC POINTE DRIVE #917 AVENTURA FL 33180 | | 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.

SIGNATURE DATE 5/10/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|--------------------------------------------------------------------------------------------------------------|--|
| <p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State</p> | |
|--------------------------------------------------------------------------------------------------------------|--|

| 9. MANAGING MEMBERS / MEMBERS | | 10. ADDITIONS / CHANGES | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | HAROLD E CARL III <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBER / MANAGER HAROLD E CARL 3rd 3600 MYSTIC PT DR #917 AVENTURA FL 33180 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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

CR2E083 (11/00)