2001 UNIFORM BUSINESS REPORT (UBR)

FILED # 5/18
01 HAY 18 PM 3: 03 L00000014334 DOCUMENT # MIRAMAR ENTERPRISES LLC SECRE FARY OF STATE TABLEARASSEE FEORIDA Principal Place of Business? Mailing Address 250 DIXIE BLVD., SUITE 103 250 DIXIE BLVD., SUITE 103 **DELRAY BEACH FL 33444** DELRAY BEACH FL 33444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. FEI Numbe Applied For City & State City & State 4057 605-10 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GERSTLE, GABRIELLA Street Address (P.O. Box Number is Not Acceptable) 250 DIXIE BLVD., SUITE 103 **DELRAY BEACH FL 33444** Zip Code City FI 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 Fiorida. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable - FIEE NOW!!! FEE IS \$50:00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. CR2E083 (11/00) MANAGING MEMBER Addition ☐ Change TITLE □ Delete TITLE GABRIEUA GERSTLE NAME DIFIE BLUD SUITE 1.03 NAME 250 STREET ADDRESS STREET ADDRESS DELKAY BEXCU FL 73444 CITY-ST-ZIP CITY-ST-ZIP MANAGING menser Addition ☐ Change ☐ Delete TITI F TITLE GERSTLE MICCHEL NAME NAME #4403 BLACKBURN 3355 STREET ADDRESS STREET ADDRESS DALLAS 7520 Y CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE 000004419810 NAME NAME -06/14/01--01059--014 STREET ADDRESS STREET ADDRESS *****58.80 *****50.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP + CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7\P 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: