2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   **L00000014541**

1. Entity Name

CBI RESOURCES, LLC

FILED

01 APR -4 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
777 BRICKELL AVE	777 BRICKELL AVE
SUITE 500	SUITE 500
MIAMI FL 33131	MIAMI FL 33131

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   **N/A**   Applied For   [X] Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEVEN L. CANTOR, P.A. 777 BRICKELL AVE SUITE 500 MIAMI FL 33131	Name **SLC Corporate Services, Inc.** Street Address (P.O. Box Number is Not Acceptable) **1001 Brickell Bay Drive, Suite 2908** City **Miami** **FL** Zip Code **33131**

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 _____   **Steven L. Cantor, Pres.**   03-27-01

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

9. MANAGING MEMBERS / MEMBERS		10.		ADDITIONS / CHANGES
TITLE **MGRM** NAME **RODRIGUEZ, OROSMAN** STREET ADDRESS **777 BRICKELL AVE SUITE 500** CITY-ST-ZIP **MIAMI FL 33131**	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition 800003995308——0 —04/12/01—01120—007 *****50.00 *****50.00
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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: _____   3/19/2001   305 798 8837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #