2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 25, 2002 8:00 am DOCUMENT # L00000014757 **Secretary of State** 03-25-2002 90163 017 ****50 00 ADRIAN INVESTMENT GROUP, LLC Principal Place of Business Mailing Address 2322 W 78TH ST 2322 W 78TH ST B0049334 HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN WIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 65-1064633 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 **RUTHERFORD MULHALL & WARGO PA** Street Address (P.O. Box Number is Not Acceptable) 2600 N MILITARY TRAIL 4TH FLOOR **BOCA RATON FL 33431** City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE Change Change ☐ Addition NAME GONZALEZ, INOCENCIO J 16368 N.W. 86 COURT DOWN STREET ADDRESS CITY-ST-ZIP STREET ADDRESS 2322 W 78TH ST Charac CITY-ST-ZIP HIALEAH FL 33016 TITLE MEM GONZALEZ, ALEXANDER NAME NAME STREET ADDRESS 2322 WEST 18 STREET STREET ADDRESS CITY-ST-7IP ST-ZIP HIALEAH FL 33016 TITLE ☐ Delete TITLE Addition NAME NAME Julio Varela STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplies 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 of this report as required by Chapter 608, Florida Statutes.

RE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED