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FILED
Mar 29, 2002 8:00 am
Secretary of State
02-18-2002 90172 029 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015366

1. Entity Name
BEVERLY HILLS PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
% ANTHONY ROBLEDO 8180 NW 36TH ST., #100 MIAMI FL 33166	% ANTHONY ROBLEDO 8180 NW 36TH ST., #100 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8356 NW 30th TERRACE	8356 NW 30th TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI - FLORIDA	City & State: MIAMI - FLORIDA
Zip: 33122 Country: USA	Zip: 33122 Country: USA

4. FEI Number 65-1060963 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBLEDO, ANTHONY
8180 NW 36TH ST., #100
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name: Jordan, Padial & Company, P.A.
Street Address (P.O. Box Number is Not Acceptable): 999 Ponce de Leon Blvd. Suite 715
City: Coral Gables - Miami FL Zip Code 33134

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 Renato Ferreira 03/13/02
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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM FERREIRA, RENATO 8180 NW 36TH STREET #100 MIAMI FL 33166 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FERREIRA, RENATO 8356 NW. 30th terrace Miami, FL - 33122. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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 03/18/02 (305)436-1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #