2002 UNIFORM BUSINESS REPORT (UBR)

May 24, 2002 8:00 am Secretary of State DOCUMENT # L01000000252 04-22-2002 90155 022 ****50.00 KFIR EQUITIES, L.L.C. Principal Place of Business Mailing Address 86344 🥦 EVAN R. MARBIN & ASSOCIATES, P.A. % EVAN R. MARBIN & ASSOCIATES, P.A. 48 EAST FLAGLER ST., SUITE PH-104 48 EAST FLAGLER ST., SUITE PH-104 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-11M643 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARBIN, EVAN R EQ. % EVAN R. MARBIN & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 48 EAST FLAGLER ST., SUITE PH-104 MIAMI FL 33131 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 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 ☐ Delete TITLE member Addition Change CR2E083 (9/01) MAME quan Marbin 48 Gast Alaglar Street, Penthale 104 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AUriua 33131 CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME heme Madin STREET ADDRESS STREET ADORESS Gost Playler St Ponthuse104 CITY-ST-ZIP CITY-ST-ZIP HOY 100 3312 TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ITTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME . ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 🕃 ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 immited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED