FILED May 13, 2002 8:00 am §

2002 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nam AUDITA		Secretary of State 05-13-2002 90211 008 ****55.00														
Principal Plac										÷						
MIAMI FL 3317				268 NW 56 ST AMI FL 33178												
2. Principal Place of Business				3. Mailing Address												
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE								
City & State				City & State				1/1// /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /- 1/2/ /						lied For Applicable		
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		Name		7. Name	and Add	ress of I	lew Re	gistered	Agent			-				
JIMENEZ, EDUARDO 10268 NW 56 ST MIAMI FL 33178							treet Address (P.O. Box Number is Not Acceptable)									
						City						FI	Zip (Code		-
SIGNATURE _	Signature, typed	or printed name of registered agent	and title if	FILE NO Make Check Pa)W!!! yable t	d Agent signatu FEE IS \$1 o Departr ay 1, 2002	50.00 nent of \$		i)			DATE				
9. MANAGING MEMBE				NAGERS	10.			ADDITIONS/CHANGES								ا ا
NAME Street address	PD EDUARDO JIMENEZ 10268 NW 56ST MIAMI FL. 33178			☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP							☐ Chan	ge	Addition	OE000 (0/04)
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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 eath; 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: EDUARDOS JIMENEZ (SUCCESSION MANAGER, OR AUTHORIZED REPRESENTATIVE

(305)871-4161