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May 01, 2003 8:00 am
Secretary of State
03-14-2003 90005 021 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002090

1. Entity Name

F & A FLORIDA, LLC

Principal Place of Business	Mailing Address
12233 S.W. 132 CT. MIAMI FL 33186	9419 FONTAINEBLEAU BLVD., APT 207 MIAMI FL 33172

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 74-3039237 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARINI, FRANCO
~~9419 FONTAINEBLEAU BLVD., APT 207~~
~~MIAMI FL 33172~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 9670 Fountainbleau Blvd #22
City Miami FL Zip Code 33172

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM CARINI, FRANCO ~~9419 FONRAINBLEAU BLVD. #207~~ ~~MIAMI FL 33172~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM/President CARINI, FRANCO 9670 Fountainbleau Blvd, #22 Miami, Florida 33172	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BERTOLDI, ANTONIA ~~9419 FONRAINBLEAU BLVD. #207~~ ~~MIAMI FL 33172~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM/SECRETARY BERTOLDI ANTONIA 9670 Fountainbleau Blvd, #22 Miami, Florida 33172	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 03/01/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)