FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

HIATUS- PINES CEUTEL, (LC

## May 24, 2002 8:00 am Secretary of State DOCUMENT # L0100005660 03-24-2002 90038 046 \*\*\*\*50.00 1. Entity Name HIATUS-PINES CENTER, L.L.C. Principal Place of Business Mailing Address 3842 WEST 16TH AVE. 3842 WEST 16TH AVE. HIALEAH FL 33012 HIALEAH FL 33012 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 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Repistered Agent 7. Name and Address of New Registered Agent MARC BIRNBAUM, P.A. Street Address (P.O. Box Number is Not Acceptable) 1031 IVES DAIRY ROAD **SUITE 228 MIAMI FL 33179** 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 (NOTE: Registered Agent signature required when rei DATE . FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITL F MGRM MGKM Addition 2 TITLE Deleta <u>8</u> MARICIO GLUCK NAME BIRNBAUM, MARC NAME 1847 West 16th Avenue CR2E083 STREET ADDRESS 1031 IVES DAIRY ROAD SUITE 228 STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP MIAMI FL 33179 33012-764*0* TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-57-21P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.