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2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2002 8:00 am Secretary of State

DOCUMENT # L0100006221							Secretary of State 04-16-2002 90079 035 ****50.00		
1 .	IIX PROPERTIES,	пс							
Principal Dia	se of Business		4-11						
Principal Place of Business Mailing Address						1	0 7 7 9		
3221 OLEANDER WAY POMPANO BEACH FL 33062 POMPANO BEACH FL 33)62			85730			
Principal Place of Business 3. Mailing Address			Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	1	
City & State			City & State				100 dest/	Applied For Not Applicable	
Zip	Country		Zip	Country			tificate of Statu Desired		
	6. Name and Addr	ess of Current Regis	tered Agent		Name		ne and Address of New Registered Agent		
MARSH, FLOYD							Number is Not Acceptable)		
3221 OLEANDER WAY POMPANO BEACH FL 33062						10 A			
	MITTIO DE TOTT IL C						V65-109875 Z	<u>-</u>	
				0	City /		FL Zip Co	ebx	
8. The above named entity submits this statement for the purpose of changing it registered office of period agent, or both, to the State of Florida.									
SIGNATURE					V	5/6	7		
					Registered Agent alignature required when reinstating)		ing) DATE	7	
					W!!! FEE IS \$50.00 rable to Department of Stat		/	`	
<u></u>				By May					
9.	MAN	AGING MEMBERS/M		10.			ADDITIONS/CHANGES		
TITLE NAME			☐ Delete	TITLE NAME	7 2	MANA	MARSA Change	Addition 10/6)	
STREET ADDRESS		•		STREET AC		3221	OLEMNDER WAY	8	
CITY-ST-ZIP				CITY-ST-	ZIP	POM	PANO BOAN FL 330		
TITLE NAME			Delete	TITLE NAME	<u> </u>	14000 1600-57	TO MARSIN Change	Addition 5	
STREET ADDRESS				STREET AD	DORESS	3221	OLEANDERWAY	ļ	
CITY-ST-ZIP				CITY-ST-2	ZIP	POMI	PANO BON, FL33062	ا نس	
TITLE			Delete	न्यार्ग			- Change		
STREET ADDRESS				NAME STREET AD	merss			<u> </u>	
CITY-ST-ZIP				CITY-ST-Z				1	
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NAME STREET ADDRESS				NAME STREET AD	INDECE			}	
CITY-ST-ZIP				CITY-ST-Z				'	
TITLE			☐ Delete	TITLE			☐ Change	Addition .	
NAME STREET ADDRESS				NAME					
CITY-ST-ZIP				STREET ADI				· ·	
TITLE			☐ Delete	TITLE		.	☐ Change	Addition	
NAME (3)				NAME	- 1				
STREET ALTORESS CITY-ST-ZIP				STREET ADD					
11. I hereby c	ertify that the information	supplied with this filir	ng does not qualify for	CITY-ST-ZI	on stated in	Section 110.0	7(3)(i) Florida Statidas I Sudhas and the state of	aformation.	
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 accordate 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 justee empowered to execute this report as required by Chapter 608, Florida Statutes. 954-786-7596 SIGNATURE:									
	upe:	W.S. I.N. AN 120 P.	E REOLINA	3.E.W			4/1/2 454-780	7591	
SIGNATURE: 1596 OR PROBLEM NAME OF BIOMERS MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE DES DEVERSE PROPER &									