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FILED
May 01, 2002 8:00 am
Secretary of State
04-03-2002 90017 010 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000007392

1. Entity Name
HALLANDALE, LLC

Principal Place of Business	Mailing Address
986 KERSFIELD CIRCLE HEATHROW FL 32746	986 KERSFIELD CIRCLE HEATHROW FL 32746

27200

DO NOT WRITE IN THIS SPACE

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

4. FEI Number: 52-2318329 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POHL & SHORT, P.A. 280 W. CANTON AVE. SUITE 410 WINTER PARK FL 32789	Name: MARISELA CARPIO Street Address (P.O. Box Number is Not Acceptable): 986 KERSFIELD CIRCLE HEATHROW FL 32746 City: FL 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 Marisela Carpio [signature] 4/25/2002
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CORPORACION HALLANDALE C.A. CLUB SOCIAL DE LA GUARDIA NATIONAL LOCAL 1 CALLEJON MACHADO EL PARAISO ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES/D MARISELA CARPIO 986 KERSFIELD CIRCLE HEATHROW FL 32746 ☒ 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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E063 (9/01)

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 [signature] Heathrow 3/22/2002 (407) 804 0607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

MARISELA CARPIO