

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90301 001 ***250.00

DOCUMENT # 201000008242
1. Entity Name
 JORIMA SERVICES, LLC

Principal Place of Business
 1200 BRICKELL AVE. SUITE 900
 C/O AGI REGISTERED AGENTS INC.
 MIAMI FL 33131

2. Principal Place of Business
 1200 Brickell Ave
 Suite, Apt. #, etc.
 Suite 900
 City & State
 Miami Florida
 Zip
 33131
 Country
 U.S.A

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

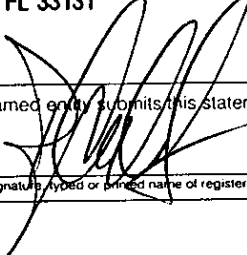
4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
 AGI REGISTERED AGENTS, INC.
 1200 BRICKELL AVE. SUITE 900
 MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name
 AGT Registered Agents Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 1200 Brickell Avenue
 Suite 900
 City
 Miami FL Zip Code
 33131

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 
 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

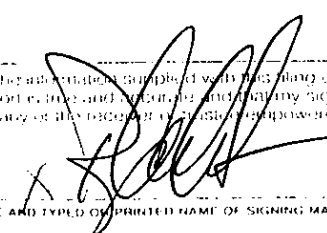
9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
MGR	Martinez, Joaquin R	7200 NW 19 Street	Suite 308 Miami, FL 33126	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td>	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td>	CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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 member of the limited liability company or the registered agent responsible to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  PRES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/02