LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

STF FL32519F.1

FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 92166 016 ****50 00

DOCUN 1. Entity Name	1ENT	# L0100000909	98	/					05-05-200	3 92166 ()16 **	**50.00	
PAYSOUR	CE1 LL	С											
DO NOT WRITE IN THIS SPACE													
		<i>∞</i> `			**			•					
2. Principal Pl	riness												
999 PONCE		3. Mailing Address 999 PONCE DE LEON BLVD											
Suite, Apt. #	, etc.		Suite, Apt. #, etc.					DO NOT WRITE	E IN THIS SI	PACE			
SUITE 601 City & State			SUITE 601 City & State				 	4. FEI Number Applied For					
	CORAL GABLES, FL Zip Country			CORAL GABLES FL Zip Country			65-1114413			Not Applicable \$5.00 Additional			able
Zip 33134		Country	Zip 33134		Counti	У		5. Certificate	of Status Desired		ee Req		
	DO NO	OT WRITE IN			2 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2		7. N	Name and Add	tress of Current	Registered	Agent		
Seed a reliable to		JOHN Street A	INY TSII Address (P.	MOGIANNI O. Box Numbe	Ser is Not Acceptat	ole)		-	_				
		P				999 P	ONCE D	DE LEON B	LVD.				
		•	e si week	y S		SUITE	601				Zin Co	<u> </u>	
		<u> </u>	<u> </u>				L GABI			FL_	Zip Co 3313	4	
8. The above and accept	named ent	tity submits this statem tions of rehistered age	ent for the purpos	e of chang	ing its re	gistered of	fice or regi	stered agent, o	or both, in the Sta	te of Florida	. I am fa	miliar with,	
SIGNATURE	aic obliga	HAM	Ti/	Manu	w 1	Simonia	Land			יוע	19/12		
	ignature, ty	sed or mint d name of	red agent and tit	le if applicat	ble.		THUIT				DATE		
1			Make Ch		ble to F	\$50.00 lorida De Y MAY 1		t of State					
9. 1		MANAGING MEMBI	ERS/MANAGERS		1								\dashv
TITLE	пп	1.0	<u> </u>	4	7 - 7:			···········	CR2E083B (12/02)				
NAME JOHNNY TSIMOGIANNIS STREET ADDRESS 999 PONCE DE LEON BLVD, SUITE 601						E Et adoress	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Section 1997				8
1		GABLES FL 3			1.0	- ST - ZIP			<u> </u>	·			
TITLE					ππι	1.0	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			•			[2]
NAME STREET ADDRESS					NAMI STRE	ET ADDRESS						>	ľ
CITY - ST - ZIP					: СІТҮ	-ST-ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>		<u> </u>	
TITLE NAME					TITLI NAMI	٧ .							
STREET ADDRESS		. جيء د د	<u></u>			ET ADDRESS	la, me,	<u>a</u> e <mark>s</mark> tanta e man e	r r Ser - Marin Der Gebreich	, and the same of		e <u>e e</u> t same energ	u w
CITY - ST - ZIP		·				- ST - ZIP		DO NO	T WRITE IN	THIS	SPAC	E	
TITLE NAME					TITLI		<u> </u>						
STREET ADDRESS					,	ET ADDRESS	,						3 1
CITY - ST - ZIP						- ST - ZIP							
NAME					NAMI		ł						-
STREET ADDRESS						ET ADDRESS	1					Po.	
CITY - ST - ZIP				_	TITLE	- ST - ZIP							
NAME					NAMI		` ;	·					
STREET ADDRESS					3	ET ADORESS			in the second			*	
11. I hereby cer	tify that the	e information supplied ;	with this filing doe	s not quali		- ST - ZIP exemption	stated in 5	Section 119.07	(3)(i), Florida Sta	tutes. I furth	er certifo	that the	\dashv
information	indicated (on this report is true and d liability company or th	nd-accurate and th	at my sign	ature sha	ill have the	same lega	al effect as if m	ade under oath; t	hat I am a n			or
, manager U	are miniet	A HAMI	M.	cmpvW	. 5. 60 10 6	weene any	, repuit as	roquired by Of	water 900, FIORU	. VIBIUIES.			
SIGNATU		GNATURE AND TYPE	AURINTED NAME			SIMOGIA ING MEMBE		ER,	4/28/03 Date	(305) Daytime F		028	_