

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90086 015 ****50.00

DOCUMENT # L01000010021

1. Entity Name

BASE HOLDINGS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

150 SE 2ND AVENUE

Suite, Apt. #, etc.

SUITE #1200

City & State

MIAMI, FL

Zip
33131

Country

US

3. Mailing Address

150 SE 2ND AVENUE

Suite, Apt. #, etc.

SUITE #1200

City & State

MIAMI, FL

Zip
33131

Country

US

4. FEI Number

65-1120073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MIAMI CORPORATE SYSTEMS, INC.

Street Address (P.O. Box Number is Not Acceptable)

283 CATALONIA AVENUE, 2ND FLOOR

City

CORAL GABLES,

FL

Zip Code **33134**

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING MEMBER
MIGUEL BAUM
150 SE 2ND AVENUE, SUITE #1200
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING MEMBER
ZYMA BAUM
150 SE 2ND AVENUE, SUITE #1200
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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

MIGUEL BAUM

3/19/02

Date

305-374-2001

Daytime Phone #

CR2E083B (12/01)