2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011907

1. Entity Name
PRAXIS INVESTMENTS LLC

FILED
03 APR 30 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
490 OPA LOCKA BLVD. SUITE 11 OPA LOCKA, FL 33054	490 OPA LOCKA BLVD. SUITE 11 OPA LOCKA, FL 33054

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	444 Brickell Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. 210
City & State	City & State Miami, FL
Zip / Country	Zip 33131 / Country USA

4. FEI Number 65-1156727 ☐ 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
SINISTERRA, TOMAS B 490 OPA-LOCKA BLVD SUITE 11 OPA LOCKA, FL 33054	Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

000017565270
04/30/03--01054--020 **50.00

9. MANAGING MEMBERS/MANAGERS		Delete	10. ADDITIONS/CHANGES		Change / Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SINISTERRA, TOMAS B 490 OPA-LOCKA BLVD., SUITE 11 OPA LOCKA, FL 33054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~04/30/03--01054--020 **50.00~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BRITO, HECTOR 490 OPA-LOCKA BLVD., SUITE 11 OPA LOCKA, FL 33054	☑ 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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CR2E083 (10/02)

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: [illegible] 4/16/03 (305) 372-0095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #