2002 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

May 22, 2002 8:00 am Secretary of State DOCUMENT # L01000012498 1. Entity Name 05-22-2002 90218 039 ****50.00 CUBEL HOLDINGS LLC Principal Place of Business Mailing Address 400 ALESIO AVE. 400 ALESIO AVE. CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1126924 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLETCHER, JOHN S Street Address (P.O. Box Number is Not Acceptable) 5300 FIRST UNION FINANCIAL CENTER 200 SOUTH BISCAYNE BLVD. MIAMI FL 33131-2339 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE ☐ Delete CR2E083 (9/01) ☐ Change ☐ Addition VAN DEN BRANDEN, YVES C NAME NAME STREET ADDRESS 400 ALESIO AVE. STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME VAN DEN BRANDEN, VIVIANNE L NAME STREET ADDRESS 400 ALESIO AVE. STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-7IP TITLE - 🔲 Delete TITLE ☐ Change - ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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 previous or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED