2002 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2002 8:00 am Secretary of State DOCUMENT # L01000014280 1. Entity Name 01-24-2002 90356 014 ****50.00 UP GEORGE, L.L.C. Principal Place of Business Mailing Address *STEVEN W DEUTSCH ESQ-FRANK WEINBERG BLACK *STEVEN W DEUTSCH ESQ-FRANK WEINBERG BLACK 7805 S.W. 6TH COURT 7805 S.W. 6TH COURT PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4 FEI Number City & State City & State Applied For 05-1133757 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEUTSCH, STEVEN W Street Address (P.O. Box Number is Not Acceptable) C/O FRANK, WEINBERG & BLACK, P.L. 7805 S.W. 6TH CT PLANTATION FL 33324 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) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE Phesipem Delete TITLE Change ☐ Addition rogen Wasserman NAME NAME w. Sample Ro STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition ÑAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

FILED