2 UNIFORM BUSINESS REPORT (UBR)

Mar 28, 2002 8:00 am JUMENT # L01000014573 **Secretary of State** Entity Name 03-28-2002 90124 006 ****50.00 BERMAL L.C. Principal Place of Business Mailing Address 338 MINORCA AVE. 338 MINORCA 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 Applied For 4. FEI Number City & State City & State Not Applicable 65-1143747 Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Assnt 7. Name and Address of New Registered Agent International Registered Agents Corporation CABEZA, MANUEL E Street Address (P.O. Box Number is Not Acceptable) 338 MINORCA AVE. <u>338 Minorca Avenue</u> CORAL GABLES FL 33134 Coral Gables 33134 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 Maria Elena Cabeza, President Signature, typed or printed name of registered agent and title if applicable. 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 MGR ☐ Addition TITLE Change TITLE Delete MGK_ Forero, Maria Işabel FORERO, MARIA ISABEL NAME NAME 11811 SW_97_St_ STREET ADDRESS 338 MINORCA AVE. STREET ADDRESS Miami, Florida 33186 CITY-ST-ZIP **CORAL GABLES FL 33134** CITY-ST-ZIP X Addition TITLE ☐ Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE: Mg Saluel Laces Maria Isabel Forero, Manager 01 571 2568375

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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.

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