2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

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

Mar 14, 2002 8:00 am Secretary of State DOCUMENT # L01000014876 1. Entity Name 01-30-2002 90161 003 ***150.00 TOLEDANO HOLDINGS ILC Principal Place of Business Mailing Address 3330 ATLANTA STREET 3330 ATLANTA STREET 72513 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address 3760 <u>3760</u> Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-113442 AVŒROALE LAVAGEDALE Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --70 LEDANO YIZHAK TOLEDANO, YIZHAK Street Address (P.O. Box Number is Not Acceptable) 3330 ATLANTA STREET HOLLYWOOD FL 33021 57. Zip Code 3 33/ LAUDERDALE 8. The above named entity submit his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required w ___ FILE NOW!!! FEE IS \$50.00. Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. (9/01) Addition TITLE ☐ Delete TITLE Change TOLEDANO, YIZHAK BLEDANO, YIZHAK NAME NAME CR2E083 STREET ADDRESS 3330 ATLANTA STREET STREET ADDRESS 3760 SW CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-7IP 333/2 Addition TITLE Delete ппе ☐ Change 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 Addition TITLE ☐ Delete NAME MALJE 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 Addition TITLE TITLE Change Delete NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZP 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 eath; that I am a managing member or manager of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

Daytime Phone #

Date

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