MSINESS_REPORT (UBR) asign te SECRETARY OF STATE Principal Place of Business TABLAHASSEE, FLORIDA Mailing Address 1320 S.E. 17 TH_ 320 S.E. 17.3 1160 KANE CONCOURSE 09044900 SUITE #100-B.11/18/02-01037--003 **II LE FL 33316 BAY HARBOR ISLANDS F1.333454 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 Not Applicable Zip Country Zip 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 🖟 GIMENEZ, PABLO E S.E.-17TH-SI Street Address (P.O. Box Number is Not Acceptable) 1160 KANE CONCOURSE FT. Da SUITE #100-B BAY HARBOR ISLANDS, City Zip Code 33154 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 SIGNATURE nted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 500008728095 Make Check Payable to Department of State 0/31/02-01061-002 **50.00 Due By September 25, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE Change Addition NAME GIMENEZ, PABLO E MR. NAME 1160 KANE CONCOURSE, STE 100-B STREET ADDRESS 1320 S.E 17TH_SL STREET ADDRESS BAY HARBOR ISLANDS, FL CITY-ST-ZIP 33154 33316 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE Change ☐ Addition GIMENEZ, GUSTAVO J MR. NAME NAME 1160 KANE CONCOURSE, STE. 100-B STREET ADDRESS STREET ADDRESS BAY HARBOR ISLANDS, FL CITY-ST-ZIP CITY-ST-ZIP 33154 MGR ____ TITLE ☐ Delete TITLE 🗶 Change ■ Addition NAME MAGUAL, RAMON MR. NAME 1160 KANE CONCOURSE, STE. 100-B STREET ADDRESS <u>s.</u>e. 17<u>th st</u> STREET ADDRESS BAY HARBOR ISLANDS, FL CITY-ST-ZIP 33154 CITY-ST-7HP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ' TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP --- Delete TITLE ☐ Change ☐ Addition NAME:

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

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

GER, OR AUTHORIZED REPRESENTATIVE