2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90218 016 ****50.00

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DOCUMENT # L01000019405

1. Entity Name
CK SUNSET AND RED, LLC

Principal Place of Business	Mailing Address
5750 N. BAY DRIVE C/O CHRISTIAN MAHE DE BERDOUARE MIAMI BEACH FL 33140	5750 N. BAY DRIVE C/O CHRISTIAN MAHE DE BERDOUARE MIAMI BEACH FL 33140

2. Principal Place of Business	3. Mailing Address
10800 BISCAYNE BLVD	10800 BISCAYNE BLVD
Suite, Apt. #, etc. 820	Suite, Apt. #, etc. 820
City & State NORTH MIAMI FL	City & State NORTH MIAMI FL
Zip 33161 Country USA	Zip 33161 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1155938. ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAJE DE BERDOUARE, CHRISTIAN
5750 N. BAY DRIVE
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 10800 BISCAYNE BLVD SUITE 820

City NORTH MIAMI FL Zip Code 33161

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 Christian Mahe De Berdouaré DATE 4-29-02
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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER CHRISTIAN MAHE DE BERDOUARE 10800 BISCAYNE BLVD SUITE 820 NORTH MIAMI FL 33161	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/01)

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: Christian Mahe De Berdouaré 4-29-02 (305)892-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #