FILED
Mar 07, 2002 8:00 am
Secretary of State

01-22-2002 90018 048 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019824

1. Entity Name
PERFA GROUP, L.L.C.

Principal Place of Business
19470 EAST COUNTRY CLUB DR.
AVENTURA FL 33180

Mailing Address
19470 EAST COUNTRY CLUB DR.
AVENTURA FL 33180

71096 [redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number EIN # 52-2356735 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FELDENKRAIS, MICHAEL ESQ.
290 NW 165TH STREET
PLAZA 100
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 $150.00 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	MGRM ZAYAT, MARIA J 19470 EAST COUNTRY CLUB DR. AVENTURA FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PEREDNIK, DANIEL 19470 EAST COUNTRY CLUB DR. AVENTURA FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: ______ 14-01-02 305-466-1155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #