## L'IMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Leon cohen, Manager SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Molasi

DOCUMENT # L01000021381

1. Entity Name

## FILED Apr 24, 2002 8:00 A.M. Secretary of State

i. Entity Name	•				Secretary of	Sta	te	
AMERI	CAN BUSINESS CENTER	, LLC		,				
di Salajak	ncon the Constitution	a de la ligación de la cale						
	OO NOT WRITE	IN THIS SP	AC	<b>E</b>				
	ace of Business Fisher Island Drive	3. Mailing Address						
Suite, Apt.		Suite, Apt. #, etc.		1	DO NOT WRITE IN THIS	SPACE		
#40304		City & State			4. FEI Number		Applied F	or
City & State Fisher I	sland, Florida			ě,			Not Applic	cable
Zip 33109	Country USA	Zip	Coun	try	5. Certificate of Status Desired	\$5.00 Fee Red	Additional quired	
					7. Name and Address of Current Register	ed Agent		
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erio es granda. Magazina de la como	DO NOT W			Street Addres	s (P.O. Box Number is Not Acceptable)			
	IN THIS SPA			201	Alhambra Circle, Suite	601		
				City	al Gables F	L Zip	Code 134	
R The above	named entity submits this statement for	the purpose of changing its r	egister		stered agent, or both, in the State of Florida.			
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SIGNATURE .	Signature, typed or printed name of registered agent an	nd title ir applicable.		<u> </u>	<b>d</b> ATE			
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		Make Check Pay	C. 75 415	to Departmen Y MAY 1	tor State			
	MANAGING MEMBER		9 70 (18) 18 9 4	de est distriction		医欧洲的	MAKE N	MERKS
9. TITLE	Manager	COTATA COLICO	TITL	Egyptini a d				207
NAME	Leon Cohen		NAM	AE STADDRESS	50000535 ::04/26/02	5 <b>8</b> 3	957	- H-L 1 G 0
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11. I hereby indicated	certify that the information supplied with ton this report is true and accurate and	mai miy sidhature shall haye t	ric san	ie iegos circot us	n Section 119.07(3)(i), Florida Statutes Horther if made under oath; that Lom a managing men hanter 608. Florida Statistics	nber or ma	the information the contract of the contract o	ie