2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022142

1. Entity Name

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Sep 30, 2002 8:00 am Secretary of State 09-30-2002 90173 028 ****50.00 38TH AVENUE HOLDINGS LLC Principal Place of Business Mailing Address 10540 N.W. 18 PLACE 10540 N.W. 18 PLACE 001223 HOLLYWOOD FL 33026 HOLLYWOOD FL 33026 2. Principal Place of Business 3. Mailing Address N. HIATUS Rd. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State oke PINES Applied For Not Applicable 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 Name CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 941 FOURTH STREET #200 MIAMI BEACH FL 33139 City 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. I am familiar with, and accept the obligations of registered agent. 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 \$50.00 Make Check Payable to Department of State Due By September 25, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR TITLE Delete TITLE NAME HARRIS, STEPHEN S NAME STREET ADDRESS 110540 N.W. 18 PLACE 1689. N. HIATUS RD STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33026 Pembroke PINES FL CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 ☐ Delete TITLE Change Addition

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.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Change

Addition

FILED