

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000004535

FILED
Apr 30, 2003
Secretary of State

Entity Name: CHERSIA SERVICE SUPPLY, LLC

Current Principal Place of Business:

600 NE 36TH ST
SUITE 406
MIAMI, FL 33137 US

New Principal Place of Business:

9643 SW 152 AVE.
MIAMI, FL 33196 US

Current Mailing Address:

600 NE 36TH ST
SUITE 406
MIAMI, FL 33137 US

New Mailing Address:

9643 SW 152 AVE.
MIAMI, FL 33196 US

FEI Number: 03-0404582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMEVISANET, L.C.
600 NE 36TH ST
SUITE 406
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

AMEVISANET, L.C.
600 NE 36TH ST
SUITE C4-D
MIAMI, FL 33137 US

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:

04/30/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CHERSIA, CARLOS
Address: 600 NE 36TH ST, SUITE 406
City-St-Zip: MIAMI, FL 33137 US

Title: MGRM () Delete
Name: CHERSIA, LILIANA
Address: 600 NE 36TH ST, SUITE 406
City-St-Zip: MIAMI, FL 33137 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHERSIA, CARLOS
Address: 9643 SW 152 AVE.
City-St-Zip: MIAMI, FL 33196 US

Title: MGRM (X) Change () Addition
Name: CHERSIA, LILIANA
Address: 9643 SW 152 AVE.
City-St-Zip: MIAMI, FL 33196 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CARLOS CHERSIA

MGRM

04/30/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date