FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90581 042 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000005618

1. Entity Name
CHIMOL, LLC

Principal Place of Business	Mailing Address
11077 BISCAYNE BLVD.,FOURTH FLOOR MIAMI, FL 33161	11077 BISCAYNE BLVD.,FOURTH FLOOR MIAMI, FL 33161

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2600 Island Blvd.	2600 Island Blvd.
Suite, Apt. #, etc. #1106	Suite, Apt. #, etc. #1106
City & State Aventura, Fl.	City & State Aventura, Fl.
Zip 33160 Country USA	Zip 33160 Country

4. FEI Number 31-0417940 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~DE ABREU, YARA~~
~~11077 BISCAYNE BLVD.,FOURTH FLOOR~~
~~MIAMI, FL 33161~~

7. Name and Address of New Registered Agent

Name COTA COHEN

Street Address (P.O. Box Number is Not Acceptable)

2600 Island Boulevard, #1106

City Aventura FL Zip Code 33160

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 Cota Cohen 4/23/03
Signature, type 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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CHOCRON, CHIMOL 11077 BISCAYNE BLVD.,FOURTH FLOOR MIAMI, FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER CHOCRON, CHIMOL 18660 Collins Avenue, #104 SUNNY ISLES BEACH, FL. 33160	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER COHEN, COTA 2600 Williams Island Blvd., #1106 AVENTURA, FL. 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER HADIDA, SIMY 18660 Collins Avenue, #104 SUNNY ISLES BEACH, FL. 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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: Cota Cohen 4/23/03 305-785-1182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #