FILED
Jun 04, 2003 8:00 am
Secretary of State
05-05-2003 91433 009 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000018607

1. Entity Name
ANPRA ENTERPRISES, LLC

44003255.

Principal Place of Business	Mailing Address
2600 DOUGLAS RD., PENTHOUSE SIX CORAL GABLES, FL 33134	2600 DOUGLAS RD., PENTHOUSE SIX CORAL GABLES, FL 33134

2. Principal Place of Business	3. Mailing Address
2121 Ponce de Leon Blvd	2121 Ponce de Leon Blvd
Suite, Apt. #, etc.: 330	Suite, Apt. #, etc.: 330
City & State: Coral Gables, Florida	City & State: Coral Gables, Florida
Zip: 33134 Country: USA	Zip: 33134 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 75-3079890 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ORTIZ, MICHAEL ESQ.
2600 DOUGLAS RD., PENTHOUSE SIX
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: Michael Ortiz
Street Address (P.O. Box Number is Not Acceptable): 2121 Ponce de Leon Blvd. Ste. 330
City: Coral Gables, FL Zip Code: 33134

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] 4/30/03
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Principal Iraida Prato de Andrew 2121 Ponce de Leon Blvd. Ste 330 Coral Gables, FL 33134	☐ 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: [signature] Auth. Rep. 4/30/03 305 476 5270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #