2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
03 JUN 12 AM 10: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000020094

1. Entity Name
PARENT MANAGEMENT, LLC

Principal Place of Business	Mailing Address
1437 SOUTH FEDERAL HIGHWAY DANIA BEACH, FL 33004 US	~~1437 SOUTH FEDERAL HIGHWAY DANIA BEACH, FL 33004 US~~

2. Principal Place of Business	3. Mailing Address
	6430 W 24th ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Hialeah FL
Zip / Country	Zip: 33016 / Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 22-3878916 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DODGE, KENNETH W
1700 PALM BEACH LAKES BLVD.
SUITE 1000
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name: JAIRO EMILIANI
Street Address (P.O. Box Number is Not Acceptable): 6430 W 24th ct
City: HIALEAH FL Zip Code: 33016

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] DATE 4-20-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	President Mario Bortz 1437 South Federal Hwy Dania Beach - Fl 33004 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100017312711 04/29/03--01064--009 **50.00
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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] Vice President — Date: 04/21/03 — Daytime Phone #: (954) 922 9161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE