

04/23/03 WED 10:08 FAX 305 598 0336

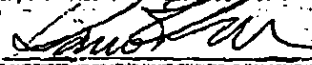
CPA OFFICES

5/2/20

FILED
Jul 18, 2003 8:00 am
Secretary of State

05-02-2003 90581 045 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000020919					
1. Entity Name NORBROOK LLC					
Principal Place of Business 7049 SW 115 PLACE #G MIAMI FL 33173			Mailing Address 7049 SW 115 PLACE #G MIAMI FL 33173		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. Name and Address of Current Registered Agent GILLIAN LORD BREAKSPEARE 9150 SW 87 AVENUE, #201 MIAMI FL 33176			5. FCI Number 51-0422725 Added For Not Applicable		
6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			Zip Code		
8. The above named entity certifies 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 _____ DATE _____					
FILE IN 7/11/03 - FEE IS \$50.00 Must Check Return to Florida Department of State By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	No Changes				
	MATTHEW DELEON	7049 SW 115 PL #G MIAMI FL 33173		VICE PRESIDENT	
	TREVOR DELEON	SAME ADDRESS		PRESIDENT	
	SABRINA DELEON	SAME ADDRESS		TREASURER	
	SABRINA DELEON	SAME ADDRESS		SECRETARY	
	HELENA DELEON	SAME ADDRESS		FINANCIAL CONTROLLER	
11. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 190.07(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 liquidator appointed to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE:  DATE: 04/22/03 (305) 5951514					