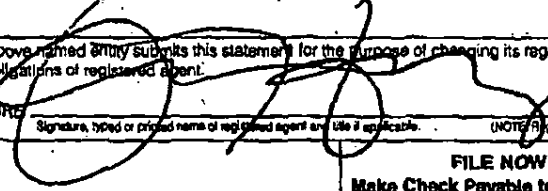


FILED
Sep 15, 2003 8:00 am
Secretary of State

8/2:

08-25-2003 90043 001 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000027565			
1. Entity Name HERNANDEZ HOLDINGS, L.L.C.			
Principal Place of Business 12510 KENDALL DRIVE MIAMI FL 33186		Mailing Address 12510 KENDALL DRIVE MIAMI FL 33186	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 650248238		Applied For Not Applicable	
5. Certificate of Status Desired		☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOHATCH, JOHN S ESQ. 2800 DOUGLAS ROAD, PH-8 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, OSCAR DR. 11889 S.W. 72ND TERRACE MIAMI FL 33183	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
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
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
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 808, Florida Statutes.			
SIGNATURE: SIGNATURE REQUIRED			
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date			
Daytime Phone #			

44005748

☐ CHECK HERE IF MAKING CHANGES

CR2003 (4/03)