2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L02000034298 1. Entity Name IMBRAX, LLC Mailing Address Principal Place of Business 5201 BLUE LAGOON DRIVE 5201 BLUE LAGOON DRIVE 100 100 MIAMI, FL 33126 MIAMI, FL 33126 3. Mailing Address 2. Principal Place of Business 777 NW 72nd AVE 777 NW 72nd Ava Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES 1BB22 1 BB 22 City & State City & State 4. FEI Number Applied For 14-3090815 Miami\_F Miami, FL Not Applicable Zip 33126 Country Country Zìp \$5.00 Additional 5. Certificate of Status Desired ũ̃.s.A. 33126 U.S.A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Pablo A. Chung SCHENK, MAXIMILIAN J **5201 BLUE LAGOON DRIVE** Street Address (P.O. Box Number is Not Acceptable) 100 MIAMI, FL 33126 שיכד Ave #1BB22 Zip Code 33126 Miami nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purp the obligations of registered agent. 9.26.03 SIGNATURE (NOTE: Registered Agents ignature required when ministrating) DATE ped Or princed name of registered agent and title if applicable FILE NOW! I FEE IS \$50.00 500023544345 ′03/03--01053--006 \*\*50 Make Check Payable to Florida Department of States Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MGRM TITLE ☐ Delete TITLE ☐ Addition CR2E083 (10/02) Change CHUNG, PABLO A Chung , Pablo A. NAME NAME 777 NW 72nd Ave #1BB22 5201 BLUE LAGOON DRIVE, SUITE 100 STREET ADDRESS STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33126 M TITLE Del ete TITLE . Addition Chung, Mycong Ja Kim 777 NW 72<sup>nd</sup> Ave #1BBZZ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP Miami , FL 33126 TITLE ☐ Delete TITLE M ☐ Change Addition NAME NAME Chung, Antonia C. STREET ADDRESS STREET ADDRESS 777 NW 7274 Ave #1 BB22 CRY-S1-719 City -S1 - 7/P Miami, FL 33126 ☐ Delete SILE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ine □ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-ZIP CITY-ST-ZP TIT LE Oel ete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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: / X Ped or printed name of signing managing meriber, manager, or authorized representative SIGNATURE AND

9.26.03

Davimo Phone #



TO WHOM IT MAY CONCERN: TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED COMPANY.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

**CORDIALLY** 

PÁBLO A. CHUNG MANAGER