5/3/20

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-03-2004 90144 010 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000040758

1. Entity Name
BASIX U.S.A., LLC

Principal Place of Business
19707 TURNBERRY WAY, #5J
AVENTURA, FL 33180

Mailing Address
19707 TURNBERRY WAY, #5J
AVENTURA, FL 33180

34008258

04302004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 56-2411824 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
PIOTRKOWSKI, JOEL S ESQUIRE
317-71ST STREET
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent
Name Judith Greenberg
Street Address (P.O. Box Number is Not Acceptable) 19707 Turnberry Way 5J
City Aventura FL Zip Code 33180

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 Judith Greenberg Member 4/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM ☐ Delete
NAME	LEVY, CLAUDE
STREET ADDRESS	2778 N.W. 31ST AVENUE
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	~~Member~~ Managing member ☐ Change ☒ Addition
NAME	Judith Greenberg
STREET ADDRESS	19707 Turnberry Way 5J
CITY-ST-ZIP	Aventura, FL 33180
TITLE	~~Member~~ Managing Member ☐ Change ☒ Addition
NAME	Rafael Jamal
STREET ADDRESS	2778 NW 31st Ave
CITY-ST-ZIP	Lauderdale Lakes FL 33311
TITLE	~~Member~~ Managing Member ☐ Change ☒ Addition
NAME	Sheldon Colen
STREET ADDRESS	921 American Pacific Dr #304
CITY-ST-ZIP	Henderson, NV 89014
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Judith Greenberg 4/30/04 786 797 7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Revised 6/2/04