5/3/20

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jun 07, 2004 8:00 am**
**Secretary of State**
05-03-2004 90144 010 ****50.00

DOCUMENT # L03000040758

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

| Principal Place of Business | Mailing Address |
|---|---|
| 19707 TURNBERRY WAY, #5J<br>AVENTURA, FL 33180 | 19707 TURNBERRY WAY, #5J<br>AVENTURA, FL 33180 |

34008258

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

04302004 Chg-LLC CR2E083 (10/03)

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 | 7. Name and Address of New Registered Agent |
|---|---|
| PIOTRKOWSKI, JOEL S ESQUIRE<br>317-71ST STREET<br>MIAMI BEACH, FL 33141 | Name Judith Greenberg<br>Street Address (P.O. Box Number is Not Acceptable) 19707 Turnberry Way 5J<br>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 | | | 10. ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>LEVY, CLAUDE<br>2778 N.W. 31ST AVENUE<br>LAUDERDALE LAKES, FL 33311 | ☐ 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 | ~~Member~~ Managing member<br>Judah Greenberg<br>19707 Turnberry Way 5J<br>Aventura, FL 33180 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~Member~~ Managing Member<br>Rafael Jamal<br>2778 nw 31st Ave<br>Lauderdale Lakes FL 33311 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~Member~~ Managing Member<br>Sheldon Golen<br>921 American Pacific Dr #304<br>Henderson, NV 89014 | ☐ 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 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