2001	UNIFORM BUSI	NESS REPO	RT (UB	R)	en de la companya de La companya de la companya de		
DOCUMENT # L9500000106					FILED		
1. Entity Name A.H.M., L.C.					01 APR 30 PM 6: 06		
	e of Business	Mailing Address			SECRETARY OF TALLAHASSEE.	STATE FLORIDA	
5355 TOWN CENTER ROAD 55 SUITE 801 S		5355 TOWN CENTER RON SUITE 801 BOCA RATON FL 33486	D				
2. Principal P G 4 4 Suite, Apt.	ace of Business Harcing Ale. #, etc.	Mailing Address  1.0. Dex 5  Suite, Apt. #, etc.	16916			E IN THIS SPACE	H. R
City & Shate	side Florida	City & State Suraside,	Lonida		65-0625219	- \$5.00	Applied For Not Applicable Additional
3315		33154	USA.		ertificate of Status Desired ame and Address of New Re	Fee Req	uired
ENGELHARD, SHELDON 5355 TOWN CENTER ROAD				JOSE T. PEDREIRA  t Address (P.Q. Box Number is Not Acceptable)			
SUITE 801 BOCA RATON FL 33486 City				urtsid	Iside FL 733154		
3. The above	named entity submits this statement for the stat	dreha !	egistered office of Section Se	F. PER	REIRA	1da. 4 23	101
		FILE N() Make Check Pa	W!!! FEE IS S		米米米米米	/0101061 50.00 ***	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP	MANAGING MEMBER MGR MAIZES, ISAAC 5355 TOWN CENTER RD., STE 80 BOCA RATON FL 33486	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS/0	CHANGES Chang	ge 🔲 Addition
ITLE IAME ITREET ADDRESS RITY-ST-ZIP	MGR PEDREIRA, JOSE 5355 TOWN CENTER ROAD BOCA RATON FL 33486	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sccru Jose 9441 Surt	tary F. PEDRE RA Harding Au Side FLU331	Enve 154	ge Addition
ITLE IAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tresid Jay Fo 888 TI	ant lind Avenu N.4 1002121		ge Addition
ITLE IMME ITREET ADDRESS HTY-ST-ZIP,		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge 🔲 Addition
ITLE IAME TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge 🔲 Addition
ITLE AME		☐ Delete	TITLE NAME			☐ Chang	ge

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: JOSE H. DIECULA JISE 18
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MAN AGER, OR AUTHORIZED REPRESENTAT

STREET ADDRESS

CITY-ST-ZIP

Josef PEDREIRA

305-867-614