2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAY -3 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000294

1. Entity Name
RAMNARIAN L.C.

Principal Place of Business	Mailing Address
~~4616 HOLLYWOOD BLVD.~~ HOLLYWOOD FL 33021	~~4616 HOLLYWOOD BLVD~~ ~~HOLLYWOOD FL 33021-6502~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4616 Hollywood BLVD	3596 Tamiami Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite "d"
City & State: Holly Wood FL	City & State: Port Charlotte, FL
Zip: 33021 Country: USA	Zip: 33952 Country: USA

4. FEI Number: 59-3431436 ☐ 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
~~SPIEGEL & UTRERA, P.A.~~ ~~3520 NORTH FEDERAL HIGHWAY~~ ~~FORT LAUDERDALE FL 33134~~	Name: CHARLES J. SAVARESE III Street Address (P.O. Box Number is Not Acceptable): 3596 Tamiami Trail Suite d City: Port Charlotte FL Zip Code: 33952

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.

SIGNATURE: CHARLES J. SAVARESE III MEMBER 4/25/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOV RAMNARIAN, AKASH D 8558 CEDAR COVE DRIVE ORLANDO FL 32819 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER HARBREW INVESTMENT GROUP, LLC 3508 JOHN CARROLL DRIVE OLNEY MD 20832 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TMGR RAMNARIAN, AKASH D 8558 CEDAR COVE DRIVE ORLANDO FL 32819 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER C.M.R. ENTERPRISES, LLC 46 LOCUST AVE, #3 NEW ROCHELLE, NY 10801 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CECIL, KEERAN 8558 CEDAR COVE DRIVE ORLANDO FL 32819 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER BERNARD GROUP LC 3596 TAMIAMI TRAIL SUITE d PORT CHARLOTTE, FL 33952 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C EM WEBBER ASSOCIATES, LC 3596 TAMIAMI TRAIL, suite d PORT CHARLOTTE, FL 33952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200003269652--6 -05/30/00--01013--004 *****50.00 *****50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER SAVARESE ENTERPRISES, LLC 3596 TAMIAMI TRAIL, SUITE d PORT CHARLOTTE, FL 33952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER OELEGAC GROUP LC 3596 TAMIAMI TRAIL SUITE d PORT CHARLOTTE, FL 33952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

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: SIGNATURE REQUIRED CHARLES J. SAVARESE III 4/25/00 (407) 496-3149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #