APPROVED

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001577 1. Entity Name 00 APR 23 AM 9: 07 3510 HOLDINGS, L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4500 BISCAYNE BLVD., #360 4500 BISCAYNE BLVD., #360 MIAMI FL 33137 MIAMI FL 33137-3227 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc., Suite, Apt. #, etc. 65-0866582 65-2086582 65-08668 2 Applied For City & State City & State Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BALZLI, MARK D ESQ. Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN ROAD, #4-E MIAMI BEACH FL 33139 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 000003245310--2 -05/09/00--01113--010 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State \*\*\*\*50.00 \*\*\*\*\*50.00 ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. ■ Addition Change TITLE Delete TITLE MGR NAME NAME SCHIEHLE, TILDA STREET ADDRESS 767 5TH AVENUE, 50TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP **NEW YORK NY 10153** ■ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY. ST. 71P Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ACRESS STREET ADDRESS CITY-8T-ZIP CITY-ST-ZIP Change Addition TITLE Deleta TITLE NAME MARKE RTREET ANNAFRS STREET ADDRESS CITY-ST-ZIP CITY- RT- 7IP Addition TITLE Defete TITLE Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition . TITLE NAME MAME STREET ADDRESS 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:

STERRET SUA REZ

Millos

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