2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 4 99 00 0 00 0528. 1. Entity Name MRZ 99 LC					FILED		
					01 JUN -7 AM 9: 35		
Principal Place	e of Business	Mailing Address	 		SECRETARY OF	STATE	
2100 Whisper Lokes Blue.					SECRETARY OF TALLAHASSEE.	FLORIDA	
012		32837.					
	lace of Business Whisper lakes	3. Mailing Address			=		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN		
City & State	ou FL 32837.	City & State		4. FEI Nur 59	-3558660		plied For t Applicable
3283	Country OKANGE	Zip 3283子	Country			S5.00 Add	
	6. Name and Address of Current R	egistered Agent	Namo	7. Name a	and Address of New Regis	stered Agent	 -
Augreu Cuevas				Name Street Address (P.O. Box Number is Not Acceptable)			
920	00 Dodelana Bl	luo st Go3		······································			
MIONI FC 33156			City	City FL Zip Code			e
	named entity submits this statement for	the nuroose of changing its	registered office or re	egistered agent, or	both, in the State of Florida	à.	
8. The above	That is a state of the state of	the barbees of everyang its	v				
8. The above SIGNATURE.						DATE	
	Signature, typed or printed name of registered agent an		E: Registered Agent signature			DATE	
		nd title if applicable. (NOTE	Registered Agent signature	required when reinstating		DATE	
		nd title if applicable. (NOTE	E. Registered Agent signature	required when reinstating		DATE	_ .
SIGNATURE .	Signature, typed or printed name of registered agent an	od title if applicable. (NOTE	:: Registered Agent signature DW!!! FEE 19-\$50 yable to Department	required when reinstating			· · ·
SIGNATURE .	Signature, typed or printed name of registered agent an MANAGING MEMBER	rd title if applicable. (NOTE FILE NO Make Check Pa	Registered Agent signature	required when reinstating			Addition
SIGNATURE . 9. TITLE	Signature, typed or printed name of registered agent and MANAGING MEMBER Pycsice of	FILE NC Make Check Pat RS/MEMBERS	E: Registered Agent signature WIII FEE 19:35(yable to Department	required when reinstating		IANGES	Addition
9. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent and MANAGING MEMBER Pycsident Jose R. Hoyend Siyi Byiguthour C	Make Check Pa	PRESENTATION OF THE PROPERTY O	required when reinstating		IANGES	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER President Tose R. Morena Siyi Brighthour C OR lando FL 32	RS/MEMBERS Delete	Hegistered Agent signature WIII FEE 18 \$50 yable to Departme a 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	required when reinstating		IANGES Change	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER President Sose R. Horena Siyi Brighthouse OR lando FL 32	Make Check Pa	PRESENTATION OF THE PROPERTY O	required when reinstating		IANGES	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER President Tose R. Morena Siyi Brighthour C OR lando FL 32 Director Ton E Romane Director	RS/MEMBERS Delete C 2 C 2	TITLE Hegistered Agent signature DWIII FEE 18 \$50 yable to Department a 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	required when reinstating	ADDITIONS/CH	IANGES Change	☐ Addition
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	MANAGING MEMBER President Tose R. Horent Sill Brighthouse Ochono FL 32 Director 1932 Brighthouse CRIONO FL 32 Director	RS/MEMBERS Delete C 2 C 2	DWIII FEE 18 \$50 yable to Departme a 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	required when reinstating	ADDITIONS/CH	IANGES Change Change	Addition
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04/30/2001 407 8542464.

SIGNATURE:
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