2000 UNIFORM BUSINESS REPORT (UBR)

	1.000	00001510			٦.				
1. Entity Nam	MENT # L990	00001510							
PINE TREE L.C.					FILED				
Principal Place of Business Mailing Address					00 MAR 12 PM 1:50				
C/O LOUIS TA	aic 4 avenue., suite 205		C/O LOUIS TAIC 1674 MERDIAN AVENUE. SUITE 205 MIAMI BEACH FL 33139-2825		SECRETARY OF STATE TALL AHASSEF ELORIDA				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number Applied For Not Applicable				
Zip	Country	Zip Countr		, <u> </u>	5. Certificate of Status Desired				
	6. Name and Address of Curr	ent Registered Agent			7. Name a	and Address of New Re	egistered Age	nt	
HOWARD ELICENE I ESO				Name					
HOWARD, EUGENE J ESQ. 1111 LINCOLN ROAD, SUITE 800				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI BEACH FL 33139			Ī					_	
				City FL Zip Code					
8. The above	named entity submits this statemer	nt for the purpose of changing	its registered	office or regist	ered agent, or	both, in the State of Flo	rida.		
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SIGNATURE .	Signature, typed or printed name of registered a	gent and title if applicable. (N	IOTE: Registered A	gent signature requir	red when reinstating)		DATE		
		EU C	NOWIII EE	EE IS \$50.00					
		Make Check			i i				
9.		MBERS/MEMBERS	10,			ADDITIONS/			
TITLE Name Street aboress City-St-Zip	MGR Taic, Louis 1674 Meridian Avenue, Sui Miami Beach Fl 33139	□ Delata	TITLE NAME STREET CITY-SI	ADDRE 38] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Relate	TITLE NAME STREET CITY-ST	ADDRESS I- ZIP		700003 -04/2 ****	3221 4/000 *50.00	1159 ****	• □ Addition -004 •50.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Celote	TOTLE MAME STREET CITY- 8	ADDRERS				Changa	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP,		☐ Delete	TITLE NAME STREET CITY-S	AGORÉSS (Ē] Change	Āddītien
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delists	TITLE	ADDRESS				Change	Addition
TITLE RAME STREET ADDRESS		Deliste	TITLE NAME STREET CITY-S	ADDRESS		-		Change	Addition
11. I hereby of indicated limited lia	certify that the information supplied to this report is true and accurate ability company or the receiver or true.	with this filling does not qualify and that my signature shall have stee empowered to execute the	for the exemi	otion stated in 3	Section 119.07 f made under capter 608. Florid	(3)(i), Florida Statutes. I ath; that I am a manag da Statutes.	further certify ing member c	that the ir or manage	nformation r of the