2000 UNIFORM BUSINESS REPORT (UBR)

L99000001929 DOCUMENT # 1. Entity Name 00 APR 29 AM 9: 44 VIVIS, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2111 BRANDYWINE 2111 BRANDYWINE #612 #612 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409-7310 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. $\mathcal{U}\mathcal{W}\mathcal{U}$ 4. FEI Number 65 - 0908246 Applied For City & State City & State Not Applicable Country \$5.00 Additional Zip Country П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS ENTERPRISES INC. Street Address (P.O. Box Number is Not Acceptable) 4521 PGA BLVD #211 PALM BEACH GARDENS FL 33418 Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE ☐ Change Addition 🗌 ☐ Delete TITLE MEM VALDEPENA, GLORIA CARRASCO NAME MAME STREET ADDRESS STREET ANDRESS 2111 BRANDYWINE #612 CITY-ST-ZIP CITY- ST- ZIF **WEST PALM BEACH FL 33409** Change Addition ☐ Delete TITLE TITLE **200003249602-**-05/12/00--01011--012 NAME MARKE STREET ADDRESS STREET ANDRESS CITY-8T-ZIP CITY- 21-71P *****50.00 ***<u>*50.00</u> Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY- ST- 7LP ☐ Change Addition TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-8T-ZLF CITY-8T-ZIP ☐ Delete TETLE Addition TITLE RAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- \$T-ZIP AddItion Deleta Change TITLE TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY- 81- 71P 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 eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute his report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

APPROVED

18-Apr-00 561-242-9355