## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 10, 2002 8:00 am Secretary of State

06-10-2002 90119 031 \*\*\*\*50.00

DOCUMENT # L990000 1931 1. Entity Name Horeka, LLC 968814 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1661 Meridian Avenue 1661 Meridian Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Miami Beach. <u>Miami</u> Beach, FL 65-0909937 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 33139 USA Fee Required 7. Name and Address of Current Registered Agent Name Karim I. Masri DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)

956 Washington Avenue IN THIS SPACE CityMiami entity submits this statement for the purpose of changing its registered office or registered agent, or both, i n the State of Florida SIGNATURE gistered agent and title if applicat FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. James in sember TITLE TITLE Karim I. Masri NAME NAME 956 Washington Avenue Miami Beach, FL 33139 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE -NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)( i), Florida Statutes. I further certify that the information indicated or the exemption indicated or the exemption stated in Section 119.07(3)( i), Florida Statutes. I further certify that the information limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE