2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Apr 21, 2003 8:00 am Secretary of State DOCUMENT # L99000002123 04-21-2003 90108 045 ****50.00 ATLANTIC BUSINESS CENTER L.C. Principal Place of Business Mailing Address 2100 PARK CENTRAL BOULEVARD NORTH 2100 PARK CENTRAL BOULEVARD NORTH STE 900 STE 900 POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0911341 Not Applicable Country 7in Country Zip \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KLEIN, THEODORE-J-ESQ-Street Address (P.O. Box Number is Not Acceptable) 88 N.E. 168 STREET **NORTH MIAMI BEACH FL 33162** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITI F [] Addition □ Delete ☐ Change NAME AZOUT, JACK NAME STREET ADDRESS STREET ADDRESS 2875 NE 191 STREET, PENTHOUSE 1 CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33180 TITLE MGR ☐ Delete [] Addition TITLE Change NAME GILINSKI, SAUL NAME STREET ADDRESS 2875 NE 191 STREET, PENTHOUSE 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33180 TITLE MGR Change Addition __ Delete -- --TITLE NAME SREDNI, ERWIN NAME STREET ADDRESS STREET ADDRESS 2875 NE 191 STREET, PENTHOUSE 1 CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** TITLE MGR ☐ Delete TITLE ☐ Change Addition NAME SREDNI, ISAAC STREET ADDRESS STREET ADDRESS 2875 NE 191 STREET, PENTHOUSE 1 CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

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.

NAME

STREET ADDRESS

CITY-ST-7IP

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

CITY-ST-7IP