Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MA (AGER, OR AUTHORIZED REPRESENTATIVE

	803 3. buntry Address of Current Regis	Mailing Address C/O HARVEY S. TAYLOF 12000 BISCAYNE BLVD MIAMI FL 33181 Mailing Address Suite, Apt. #, etc. City & State Zip			OI APR 30 AMII: 14 SECRETARY OF STATE TALLAHASSEE. FLORIDA DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For
C/O HARVEY S. TAYLOR 12000 BISCAYNE BLVD SUITE MIAMI FL 33181 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Co	accountry Address of Current Regis	C/O HARVEY S. TAYLOF 12000 BISCAYNE BLVD MIAMI FL 33181 Mailing Address Suite, Apt. #, etc. City & State	SUITE 80		DO NOT WRITE IN THIS SPACE A FEI Number Applied For
MIAMI FL 33181 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Co	ountry Address of Current Regis	Miaming Address Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For
Suite, Apt. #, etc. City & State Zip Co	ountry Address of Current Regis	Suite, Apt. #, etc. City & State Zip	Count	to	DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For
City & State Zip Co	Address of Current Regis	City & State	Count		4. FEI Number Applied For
Zip Co	Address of Current Regis	Zip	Count	tru	4. FEI Number Applied For
	Address of Current Regis		Count	te.	52-2185771 Not Applicable
6. Name and		stered Agent		<i>r</i>	5. Certificate of Status Desired \$5.00 Additional Fee Required
- 	IY OF MIAMI			Name	7. Name and Address of New Registered Agent
CORPORATION COMPAN 201 SOUTH BISCAYNE B	OUTEVADO SHITE 150	nn.		Street Addres	s (P.O. Box Number is Not Acceptable)
MIAMI FL 33131	OULEYAND, SUITE IS	υ <u>υ</u>	ļ		
				City	FL Zip Code
8. The above named entity sub-	nits this statement for the p	purpose of changing its	egistere	ed office or regist	tered agent, or both, in the State of Florida.
SIGNATURE Signature Noved or print	ed name of registered agent and title	* analicable (NOTE	Ponielered	d Agent signature requi	ired when reinstating) DATE
Signature, typed or print	3d name of registered agent and one		11.11	· II	
		Make Check Pa	1 .	FEE IS \$50.00 Department	4
9.	MANAGING MEMBERS/		10.		ADDITIONS/CHANGES
TITLE MGR TAYLOR, HARY STREET ADDRESS CITY-ST-ZIP MIAM! FL 3318	NE BLVD., SUITE 803	□ Delete	1	<i>1</i> ·	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP	5000042197355 -05/16/0101053013 ******50.00 普爾50-06/iiiii
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STHEET ADDRESS CITY-ST-ZIP	•	,	STREET CITY-S	T ADDRESS ST-ZIP	
 I hereby certify that the informindicated on this report is trulimited liability company or the 	nation supplied with this fill e and accurate and that m ne receiver or trustee empo	lling does not qualify for ny signature shall have the owered to execute this h	the exem he same l eport as r	nption stated in S legal effect as if required by Cha	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a managing member or manager of the pter 608, Florida Statutes. 4 26 01 - 3.5.892-6800