2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 25 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004074

1. Entity Name

PALMBO, LLC

Principal Place of Business	Mailing Address
~~2111 LAKE AVENUE~~ ~~MIAMI BEACH FL 33140~~	~~2111 LAKE AVENUE~~ ~~MIAMI BEACH FL 33140~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
650 WEST AVENUE	SAME
Suite, Apt. #, etc. 3110	Suite, Apt. #, etc.
City & State MIAMI BCH, FL	City & State
Zip 33139 Country USA	Zip Country

4. FEI Number 52-2183838 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARKER, THOMAS M ESQ. ~~100 S.E. 2ND STREET, 17TH FLOOR~~ ~~MIAMI FL 33131~~	Name THOMAS M. PARKER Street Address (P.O. Box Number is Not Acceptable) 1915 16th ST, #4 City MIAMI BCH FL Zip Code 33139

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 Thomas M. Parker THOMAS M. PARKER 7/4/2000

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 Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LUIGI AMEDEO PALMA, M.D. 2111 LAKE AVENUE MIAMI BEACH FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LUIGI AMEDEO PALMA, M.D. 650 WEST AVENUE, #3110 MIAMI BCH, FL 33139 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGRM~~ ~~ALESSANDRO BONIPERTI C/O IWP~~ ~~692 MADISON AVENUE, 3RD FLOOR~~ ~~NEW YORK NY 10021~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 4000033426 94
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	-08/01/00--010 Change 010 Addition *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (5/00)

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.

SIGNATURE: SIGNATURE REQUIRED Luigi A. Palma, MNG 7/21/2000 (305) 534-5682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #