03/22/2000 10:22 7322941344 R OPPENHEIM ASSOC PAGE 02

APPROVED AND FILED

00 MAY 19 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004406

1. Entity Name
OPPENHEIM ARCHITECTURE + DESIGN LLC

Principal Place of Business | Mailing Address
800 WEST AVE PH 27
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
—	P.O. BOX 129
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State —	City & State MORGANVILLE NJ
Zip — Country —	Zip 07751 Country USA

4. FEI Number 65-0944650 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
RONNIE OPPENHEIM
800 WEST AVE PH 27
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable) N/A
City FL 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 N/A Ronnie Oppenheim
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP (MGRM, MGR)	OWNER CHAD OPPENHEIM 800 WEST AVE PH 27 MIAMI BEACH FL 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400003287884--1 -06/14/00--01009--004 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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.

SIGNATURE: X [signature] X 03.22.2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #