2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004751

1. Entity Name

FIRST FOLIAGE, L.C.

Principal Place of Business	Mailing Address
9815 S.W. 98th Street	9815 S.W. 98th Street
Miami, FL 33176	Miami, FL 33176

2. Principal Place of Business	3. Mailing Address
17800 S.W. 268 Street	17800 S.W. 268 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State
Homestead, FL 33031	Homestead, FL 33031
Zip	Country	Zip	Country

4. FEI Number 65-1000032 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

George Befeler, Esq.
701 Brickell Avenue, Suite 2000
Miami, FL 33131
U.S.A.

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____

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/MEMBERS		10. ADDITIONS/CHANGES	
TITLE MGR	☐ Delete	TITLE	☒ Change ☐ Addition
NAME Jose Garces		NAME	
STREET ADDRESS 9815 SW 98th Street		STREET ADDRESS 17800 S.W. 268 Street	
CITY-ST-ZIP Miami, FL 33176		CITY-ST-ZIP Homestead, FL 33031	
TITLE	☐ Delete	TITLE MGR	☐ Change ☒ Addition
NAME		NAME Beatriz Garces	
STREET ADDRESS		STREET ADDRESS 17800 S.W. 268 Street	
CITY-ST-ZIP		CITY-ST-ZIP Homestead, FL 33031	
TITLE	☐ Delete	TITLE	☐ Change ☒ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☒ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☒ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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: _____ Jose Garces, Managing Member   April 25, 2000

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