2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAY -3 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000007491

1. Entity Name
EXCLUSIVE SOLUTIONS, L.L.C.

Principal Place of Business
9200 S. DADELAND BLVD.. SUITE 603
MIAMI FL 33156

Mailing Address
9200 S. DADELAND BLVD.. SUITE 603
MIAMI FL 33156-2714

2. Principal Place of Business
1123 Chinaberry Drive
Suite, Apt. #, etc.

3. Mailing Address
1123 Chinaberry Drive
Suite, Apt. #, etc.

City & State: Weston, Fl
Zip: 33327 Country: USA

City & State: Weston, Fl
Zip: 33327 Country: USA

4. FEI Number: 65-0960093 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CUEVAS & RUBIN, P.A.
9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156

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 Andrew Cuevas 01/11/00
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

TITLE	MGRM
NAME	SANCHEZ, RAUL H
STREET ADDRESS	9200 S. DADELAND BLVD., SUITE 603
CITY-ST-ZIP	MIAMI FL 33156

☐ Delete

TITLE	MGRM
NAME	HOLGUIN, MARIA L
STREET ADDRESS	9200 S. DADELAND BLVD., SUITE 603
CITY-ST-ZIP	MIAMI FL 33156

☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete

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10. ADDITIONS / CHANGES

TITLE	MGRM
NAME	SANCHEZ, RAUL H
STREET ADDRESS	1123 Chinaberry Drive
CITY-ST-ZIP	Weston, Fl. 33327

☒ Change ☐ Addition

TITLE	MGRM
NAME	HOLGUIN, MARIA L
STREET ADDRESS	1123 Chinaberry Drive
CITY-ST-ZIP	Weston, Fl. 33327

☒ Change ☐ Addition

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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: SIGNATURE REQUIRED RAUL SANCHEZ 04/24/2000 (954)659-8770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)