2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 JUN 23 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0005008 AF

DOCUMENT # L99000007638

1. Entity Name

~~EFS/EMPIRE INVESTMENTS, L.L.C.~~

EFS/EHI INVESTMENTS, L.L.C.

Principal Place of Business
612 S.E. 5TH AVENUE
FT. LAUDERDALE FL 33301

Mailing Address
612 S.E. 5TH AVENUE
FT. LAUDERDALE FL 33301-3142

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc. #4
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc. #4
City & State
Zip | Country

4. FEI Number 65-0965958 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M ESQ.
SUNTRUST INTERNATIONAL CENTER
ONE S.E. 3RD AVENUE, SUITE 2400
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name JAMES D. EVANS
Street Address (P.O. Box Number is Not Acceptable) 612 SE 5 AVE #4
City Ft. Lauderdale FL Zip Code 33301

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 X JAMES D. EVANS 4/28/00
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

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-06/06/00--01006--001
***2225.00 *****55.00

9. MANAGING MEMBERS / MEMBERS

TITLE	~~MGR~~
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ Delete

10. ADDITIONS / CHANGES

TITLE	MGR	☐ Change ☒ Addition
NAME	JAMES D. EVANS	
STREET ADDRESS	612 SE 5 AVE #4	
CITY-ST-ZIP	Ft Lauderdale, Fl 33301	
TITLE	MGR	☐ Change ☒ Addition
NAME	HARRIETTE MOORE	
STREET ADDRESS	612 S.E 5 AVE #4	
CITY-ST-ZIP	Ft Lauderdale, Fl 33301	
TITLE	MGR	☐ Change ☒ Addition
NAME	NICHOLAS AMARO	
STREET ADDRESS	612 SE 5 AVE #4	
CITY-ST-ZIP	Ft. Lauderdale, Fl 33301	
TITLE	MGR	☐ Change ☒ Addition
NAME	HIRAM COLLAZO	
STREET ADDRESS	3518 NW 36 St	
CITY-ST-ZIP	MIAMI, Fl. 33142	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	FF $50	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	CUS 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: X SIGNATURE REQUIRED JAMES D EVANS 4/28/00 954-522-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR 11:83 (6/99)