2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008148

1. Entity Name

GIUMA L.L.C.

FILED 01 MAY 18 AM 10: 18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

6/11

Principal Place of Business	Mailing Address
777 NW 72 Avenue Suite 2K20 Miami, FL 33126	777 NW 72 Avenue Suite 2K20 Miami, FL 33126

2. Principal Place of Business		3. Mailing Address	
777 NW 72 Avenue		777 NW 72 Avenue	
Suite, Apt. #, etc.: Suite 2K20		Suite, Apt. #, etc.: Suite 2K20	
City & State: Miami, Florida		City & State: Miami, Florida	
Zip: 33126	Country: USA	Zip: 33126	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0963357 ☐ 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
CARRAFELLI GIULIANO 777 NW 72 Avenue Suite 2K20 Miami, FL 33126	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 NAME STREET ADDRESS CITY-ST-ZIP	MGR CARRAFELLI GIULIANO 777 NW 72 Ave Suite 2K20 Miami, FL 33126 ☐ 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 500004416035---1 -06/12/01--01055--017 *****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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CR2E083 (11/00)

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: Giuliano Carrafelli, manager 04/26/01 (305) 776-1300

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