2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L99000008540 1. Entity Name FILED TOWER BRIDGE ANTIQUES INTERNATIONAL LLC JUN 13 PM 2:02 Principal Place of Business Mailing Address 2350 S.W. 300 Ave SECRETARY OF STATE TALLAHASSEE, FLORIDA HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$5.00 Additional Zip\_ Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARKEN MANAGLANDA BLANDERSON Name 2101 CORPORATE BLUD # 107 Street Address (P.O. Box Number is Not Acceptable) 33431-7343 BOCA RATON FL WHOLKER DER BOUR BURNE 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, typed or printed name of registered agent and title if applicable.\_\_ ..... (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 9. ☐ Addition ☐ Change TITLE MGR OWINER - DIRECTOR ☐ Delete TITLE ISIDONE CYRIL KAVFMAN NAME 4000 ISLAND BLVD #1806 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33160 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME 300004445773-STREET ADDRESS STREET ADDRESS -06/26/01--01051--002 CITY-ST-7IP CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-709 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP be does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of a state of the same legal effect as if made under oath; that I am a managing member or manager of the were this report as required by Chapter 608, Florida Statutes. I hereby certify that the information supplied with the indicated on this report is true and acq