

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 12, 2001 08:00 AM****Secretary of State****DOCUMENT # M00000001921**1. Entity Name  
VALID CONCEPTS, LLC

Principal Place of Business 18041 BISCAYNE BLVD., SUITE 1202  AVENTURA FL 33160	Mailing Address 18041 BISCAYNE BLVD., SUITE 1202  AVENTURA FL 33160
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2. Principal Place of Business 18041 BISCAYNE BLVD. Suite, Apt. #, etc. 1202 City & State AVENTURA FL	3. Mailing Address 18041 BISCAYNE BLVD. Suite, Apt. #, etc. 1202 City & State AVENTURA FL	4. FEI Number <b>65-1029499</b>	Applied For <input type="checkbox"/> Not Applicable
Zip 33160	Country US	Zip 33160	Country US

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  CANIZARES LIDIA CRISTINA 18041 BISCAYNE BLVD., SUITE 1202  AVENTURA FL 33160	7. Name and Address of New Registered Agent Name CANIZARES LIDIA CRISTINA Street Address (P.O. Box Number is Not Acceptable) 18041 BISCAYNE BLVD., SUITE 1202  City AVENTURA FL Zip Code 33160
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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 \_\_\_\_\_ DATE **04/12/2001**  
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**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALL ROHAN R 731 NW 207 STREET MIAMI FL 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANIZARES LIDIA C 18041 BISCAYNE BLVD., #1202 AVENTURA FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Lidia C Canizares MGR 04/12/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)