2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000086 00 JUL 27 PM 3: 41 1. Entity Name TIME TRAVELER INTERNATIONAL, L.L.C. SECRETARY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2028 NE 155TH STREET 2028 NE 155TH STREET N. MIAMI BEACH FL 33162 N. MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address 1970 NE 970 Suite Apt #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE BAU-29 City & State City & State 4. FEI Number Applied For 06-1408850 Miami BeacH Not Applicable Mìom Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 3316 33162 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent 'a ssì US suise CASSIUS, LOUISE Street Address (P.O. Box Number is Not Acceptable) 2028 NE 155TH STREET N. MIAMI BEACH FL 33162 Beach Tiami 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. ouise assius SIGNATURE ed 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 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. m GRM Change ☐ Addition TITLE ☐ Delete TITI F MGRM Jack Cassius NAME NAME CASSIUS, JACK 1970 NE 15319 St. BAY 29 STREET ADDRESS STREET ADDRESS 2028 NE 155TH STREET CITY-\$T-ZIP CITY-ST-ZIP N. Miami Beach, FL N. MIAMI BEACH FL 33162 TITLE ☐ Delete TITLE Louise cassius NAME NAME CASSIUS, LOUISE 1970 NE 153rd STREET ADDRESS STREET ADDRESS **2028 NE 155TH STREET** CITY-ST-ZIP CITY-ST-7IP N. miami N. MIAMI BEACH FL 33162 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 08/01/00-0103 thangout Addition ☐ Delete TITLE NAME NAME ****55.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME or an Original in STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #

APPRUYEU