2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P97000003454 1. Entity Name L & L FAMILY HOLDING, INC. 04-25-2001 90154 036 ***158.75 Principal Place of Business Mailing Address ABU56714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0743438 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \mathbf{x} Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBAYNA, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 10590 S.W. 56th Terrace Miami, FL 33173 City Zip Code FI 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (11/00) Change Addition TITLE ☐ Delete TITLE ROBAYNA, EDUARDO NAME NAME STREET ADDRESS STREET ADDRESS 10590 S.W. 56th Terrace CITY-ST-ZIP CITY-ST-7IP Mimai, FL 33173 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [] Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP [] Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied win this tiling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered is executed this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter or trusted that my name appears with all officer or properties. with all other like empowered. changed, or on an attachment with an ad-61 SIGNATURE:

SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE AND TYPE

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