| ~ | | | | |
|------|----------------|-----------------|--------|-------|
| 2001 | UNIFORM | BUSINESS | REPORT | (UBR) |

| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Country S. Certificate of Status Desired Fee Required Fee Required Fee Required Fee Required Fee Required Fee Required Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Tity FL Zip Code City FL Zip Code FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS / MEMBERS MANAGING MEMBERS / MEMBERS MANAGING MEMBERS / MEMBERS MANAGING MEMBERS / MEMBERS TITLE MANAGING MEMBERS / MEMBERS MANAGING MEMBERS / MEMBERS MANAGING MEMBERS / MEMBERS MANAGING MEMBERS / MEMBERS TITLE MANAGING MEMBERS / Delete MANAGING MEMBERS / MEMBERS TITLE MANAGING MEMBERS / Delete MANAGING MEMBERS / MEMBERS MANAGING MEMBERS / MEMBERS MANAGING MEMBERS / MEMBERS TITLE TITLE MANAGING MEMBERS / MEMBERS TITLE TI | or |
|---|--------|
| SECRETARY OF STATE TALL AHASSEE, FLORIDA SECRETARY OF STATE TALL AHASSEE, FLORIDA SECRETARY OF STATE TALL AHASSEE, FLORIDA SIGNATURE Signature, typed or printed name of registered agent and title? septicable. Managing Address 1586 NE 163RD ST N MIAMI BEACH FL 33162 Suite, Apt. #, etc. DO NOT Writte In This SPACE Loty & State City & State City & State City & State Country DO NOT Writte In This SPACE Applied South, Apt. #, etc. DO NOT Writte In This SPACE Applied South, Apt. #, etc. DO NOT Writte In This SPACE Applied South, Apt. #, etc. DO NOT Writte In This SPACE Applied South, Apt. #, etc. DO NOT Writte In This SPACE Applied South, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country S. Certificate of Status Desired For Applied For Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Name Street Address (P.O. Box Number is Not Acceptable) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANNAGING MEMBERS / MEMBERS 10. ADDITIONS/CHANGES Change # MME SIRET ADDRESS SIGNAMUM EACHOLD III AMES A. SIRET ADDRESS SIRET ADDRESS SIGNAMUM EACHOLD III AMES A. SIRET ADDRESS | or |
| 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State of Florida. SIGNATURE Signature, typed or printed name of registered agent and their applicable. NOTE Registered Agent signature required when reneasing) Date FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS / MEMBERS MANAGING MEMBERS / MEMBERS Delete MANAGING MEMBERS / MEMBERS SIRET ADDRESS | or |
| 2. Principal Place of Business Suite, Apt. #, etc. | or |
| City & State Country Country Country Country Country Country S. Certificate of Status Desired \$5.00 Additional Fee Required \$5.00 Additional Fee Required Agent \$ | |
| Zip Country Zip Country 5. Certificate of Status Desired | |
| Country Country Country 5. Certificate of Status Desired \$5.00 Additional Fee Required \$5.00 Additional Fee Required \$6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDSMITH JAMES A. 1595 NE 163RD STREET Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL NAME City FL Zip Code City | cable |
| 6. Name and Address of Current Registered Agent GOLDSMITH JAMES A. 1595 NE 163RD STREET N MIAMI BEACH FL 33162 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State M GOLDSMITH, JAMES A. 1595 NE 163RD ST NAMAE STREET ADDRESS STREET ADDRESS Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Name Street Address (P.O. Box Number is Not Acceptable) Name Street Address (P.O. Box Number is Not Acceptable) DATE ADDITIONS/CHANGES City FL Zip Code NATE ADDITIONS/CHANGES TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | |
| GOLDSMITH JAMES A. 1595 NE 163RD STREET N MIAMI BEACH FL 33162 City 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 MODITIONS/CHANGES TITLE NAME STREET ADDRESS 10. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS | |
| N MIAMI BEACH FL 33162 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 MANAGING MEMBERS / MEMBERS TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS | |
| 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 | |
| 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. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS 10. ADDITIONS/CHANGES TITLE MGOLDSMITH, JAMES A. Delete TITLE NAME STREET ADDRESS 1595 NE 163RD ST NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS NAME STREET ADDRESS ST | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS MEMBERS TITLE NAME STREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TO DEIER SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE TO DEIER TITLE NAME STREET ADDRESS TREET ADDRESS | |
| TITLE M GOLDSMITH, JAMES A. NAME STREET ADDRESS NAME STREET ADDRESS NAME STREET ADDRESS NAME STREET ADDRESS | 3 |
| NAME STREET ADDRESS NAME STREET ADDRESS NAME STREET ADDRESS NAME STREET ADDRESS | dition |
| | dition |
| TITLE M GOLDSMITH, WILLIAM I. NAME STREET ADDRESS CITY-ST-ZIP M GOLDSMITH, WILLIAM I. NAME STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH FL Change A NAME STREET ADDRESS CITY-ST-ZIP | dition |
| TITLE Delete TITLE Change A NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | lition |
| TITLE TITLE TITLE TITLE TITLE TITLE TITLE TOTANGE ANAME NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE CHANGE CITY-ST-ZIP | lition |
| ITITLE Delete TITLE Change A NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | lition |
| TITLE Change A IAME STREET ADDRESS CITY-ST-ZIP TITLE Change A CHANGE CITY-ST-ZIP | lition |