2001	UNIFORM	I BUSINESS	REPORT	(UBR
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DOCUMENT # L0000 1. Entity Name THE COMPANY, L.L.C.		FILED					
,							_
Principal Place of Business Mailing Address				01 APR -2 PM 8:38			
5600 N.W. 36TH STREET MIAMI FL 33122		: :	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business							
Suite, Apt. #, etc.	Suite, Apt. #, etc.		25	DO NOT WRITE IN THIS SPACE			
City & State	City & State		4. FEIN	Number 65-1010157	_ 	pplied For at Applicable	
Zip Country	Zip	Country	5. Certi	ificate of Status Desired	\$5.00 Add	fitional	
6. Name and Address of Current F	legistered Agent		7. Nam	e and Address of New Registered	Agent		
HKE&F REGISTERED AGENT CORP.		Name					
2601 S. BAYSHORE DRIVE, SUITE 600		Street A	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33133							
		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 an		: Registered Agent signate		ing) DATE			
	FILE NO Make Check Pay	OW!!! FEE IS \$ yable to Depart					
9. MANAGING MEMBEI	RS/MEMBERS	10.		ADDITIONS/CHANGES	1		_
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS	Preside CYRIL 2940 Vi	WT BIJAOUI RGINIA STreet	☐ Change	Addition (E083 (11/00)
CITY-ST-ZIP	مسلم الكيمية - ". ما	CITY-ST-ZIP	IdAin	FL 33133			
TITLE NAME ·	☐ Delete	TITLE .	•	·	☐ Change	, ,	CR2
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	- * 4	000003992 -04/11/01	01058	=- 8 ./= 026 5.00	: t:
TITLE NAME	☐ Delete	TITLE NAME		***************************************	☐ Change	Addition	
STRFZF ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP					
TITLE:	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP					
TITLE .	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP					
TITLE	Delete	TITLE			☐ Change	☐ Addition	
NAME Street Address City-St-Zip		NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby certify that the information supplied with the indicated on this report is true and accurate and the limited liability company or the receiver or trustee of the indicated liability company.	iat my signature shall have th	ne samé legal effec	t as if made under	roath: that I am a managing membe	tify that the in er or manager	formation of the	
SIGNATURE:		K . (3)		3/27/01			