05-15-2003 90015 015 ****50.00
L02000002864

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
2003 JUN -5 AM 11:51
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000002864

1. Entity Name
EDTECH INTERNATIONAL, LLC

10-2-02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7700 North Kendall Drive	7700 North Kendall Drive
Suite, Apt. #, etc.: Suite No. 707	Suite, Apt. #, etc.: Suite No. 707
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33156 Country: USA	Zip: 33156 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 510430389 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Richard C. Bulman, Esq.

Street Address (P.O. Box Number is Not Acceptable)

301 Yamato Road, Suite 4150

City: Boca Raton FL Zip Code: 33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 5/12/03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	OSCAR BAISMAN 7700 North Kendall Drive Miami, Florida 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	ROGER C. CUEVAS 7700 North Kendall Drive Miami, Florida 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	RICARDO RECIO 7700 North Kendall Drive Miami, Florida 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E063B (12/02)

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: _____ Oscar Baisman 5/12/03 (305) 613-1330
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #