LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000002086

FILED Apr 22, 2002 8:00 am Secretary of State 04-22-2002 90241 034 ****50.00

E. CHILLY IVAI	GREEN & CLEAN SYS	STEM EQUIPME	ENT, LLC					
	DO NOT WRITI	E IN THIS	SPAC	E		9 4	3516	
	Place of Business	3. Mailing Addres	Mailing Address 8 SE 1ST STREET					
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Sta	le :	City & State MIAMI, FL			-4FEI Number 651145112			
Zip Country 33131		Zip Country 33131		5. Certificate of Stat		\$5.00 Additional	ble	
			T. Golganista populari	7		s of Current Registe	Fee Required	
	DO NOT V	/DITE		Name ARA	AZOZA & FER	NANDEZ-FRA	AGA, P.A.	
	IN THIS S	[]************************************		Street Address (P. 2100 SALZE	O. Box Number is No DO ST., STE 3	ot Acceptable) 00		
			1944 n.204 2-44-3645					
adrik i r				CORAL GAE			L 33134 ^{de}	
8. The above	e named entity submits this statement	for the purpose of chan	ging its registere	ed office or registered	d agent, or both, in th	e State of Florida.		
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable.				DΛ	TE .	
-		Make Che	FEE IS eck Payable to DUE BY	o Department of	State			
9.	MANAGING MEMBERS/MANAGERS					2. 20. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		
NAME	MGRM MISHAAN, SALOMON S 2600 ISLAND BLVD, 1005 MIAMI, FL						A STATE OF THE STA	1201
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS:		rational vectors		83B (
TITLE NAME	CALLE DIVARES #20, ESCALERA C FRIA 9				No. of the later			
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS.				0
TITLE	46018 VALENCIA ESPAÑA MGRM			ST-ZIP			Service Servic	
NAME SABA, ERIC STREET ADDRESS PASEO DEL HONTANAR #1C-7 28223 POZUELO			NAME	T ADDRESS				
CITY-ST-ZIP	MADRID, ESPAÑA			ST-ZIP	DO: N	NOT WR	RITE	
TITLE NAME	MGRM LEVY, SALOMON				IN T	HIS SPA	CE	
STREET ADDRESS CITY-ST-ZIP	EDIF. CAVENDES SUIT 1304A CARACAS, VENEZUELA	L	erra.	T ADDRESS TO ST. ZIP			in the first of the graph of the	
TITLE NAME	<u> </u>	· · · · · · · · · · · · · · · · · · ·	TITLE		The state of the s			\dashv
STREET ADDRESS				T ADDRESS			Figure 1	
CITY-ST-ZIP TITLE			CHY	ST-ZP#				
NAME STREET ADDRESS			NAME					i.
CITY-ST-ZIP			CITY-	T ADDRESS ST-ZIP				
11. Thereby certify that the information supplied with this filting 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 alculate 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 of the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNAT	URE:	S.	ALOMON M	/IISHAAN	MARC	H 27,2002	305-933-2190	
	SIGNATURE AND TYPED OR PRINTED NAME O	F SIGNING MANAGING MEN	BER, MANAGER, OR A	AUTHORIZED REPRESENTA	ATIVE Da	le	Daytime Phone #	1