

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90048 018 \*\*\*\*50.00

DOCUMENT # L02000031610

1. Entity Name

NB PRODUCTS LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4902 SW 72nd Avenue

3. Mailing Address

4902 SW 72nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami, FL

City & State  
Miami, FL

4. FEI Number

71-0917710

Applied For

Not Applicable

Zip  
33155

Country  
USA

Zip  
33155

Country  
USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Santos, Jose A JR.

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

220 ALHAMBRA CIRCLE, SUITE 350  
CORAL GABLES

City CORAL GABLES

FL

Zip Code

33134

**DO NOT WRITE  
IN THIS SPACE**

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

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 MGRM  
NAME Zhelezuyakov Nikolay  
STREET ADDRESS 4902 SW 72nd Avenue  
CITY-ST-ZIP Miami, Florida, 33155

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CITY-ST-ZIP

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IN THIS SPACE**

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: N. Zhelezuyakov N. Zhelezuyakov 24.03.03 (305) 6620395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)