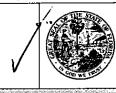
LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000031610

1. Entity Name

CIGNIATURE

NB PRODUCTS LLC



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

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

					ALC: N	45	200	1900	雪 田			19.25		100	100		200	期期	SHEET.	0.00	11.5	200	1		BRANK	TO SHO	Burner S	55000000
a.			_	1.60	4			3	200					-	-	itir a			-	4.91		~	350	_			C	1
Œ		4		11.0%	Α.	1				n.	1.0	,	3.4	39		16.	n.	444.04	S 55			•	district			/\	100	
ä	1	ш		V 555	w			B				w		16		1.5	13	496	4 6	72			. 145 4		944	_		

2. Principal Place of Business
4902 SW 72 nd Avenue
Suite, Apt. #, etc.

3. Mailing Address
4902 SW 72 nd Avenue
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number	_	Applied For
Miami.	FL	Miani	FL	71-09177	10	Not Applicable
33155	Country CA	33155	Country USA	5. Certificate of Status Desired	1 1	\$5.00 Additional Fee Required
entrechtuelen eines Contestination (in der Ausstalie und	cirringa prinsi malama en par aprimide anticamban medimadika		ET PER DE CONTROL DE C	7 Name and Address of Current F	Registerer	d Acent

DO NOT WRITE IN THIS SPACE

Name	Sau	tos	Jose	A	JR.		
Street 22	Address (P.C	Box Numb	er is Not Ac	ceptab	CLE	SUL	ΤE

-Street Address (P.O.-Box Number is Not Acceptable)
220 AIKAMBRA CIRCLE, SUITE 350
CORAL CABLES

City CORAL GABLES FL ZID COROL 33134

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.

SIGNATORIL	Signature, typed or printed name of registered agent and title if applicable.	DATE
		FEE IS \$50.00 ble to Florida Department of State DUE BY MAY 1
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Zhelezuyakov Nikolay 4902 SW 72nd Avenue Mignii, Florida, 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP
7171 C		THE C

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP-CITY-ST-7IP IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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. 2012 PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

24.03.03 (30

Daytime Phone #

3R2E083B (12/0)