

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


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

09-26-2003 90004 017 \*\*\*\*55.00

FILED  
 11  
 11-17-03

**DOCUMENT #** L02000003877

1. Entity Name  
**EASYKART AMERICA, LLC**



Principal Place of Business  
 4436 NW 93 CT.  
 MIAMI FL 33178

Mailing Address  
 4436 NW 93 CT.  
 MIAMI FL 33178



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**INTERNATIONAL BUSINESS INCORPORATORS, INC.**  
**8108 SW 103 AVE.**  
**MIAMI FL 33183**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**\$0.00**      **FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MONTROYA, FERNANDO PABLO</b> <b>4436 NW 93 CT.</b> <b>MIAMI FL 33178</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** SIGNATURE REQUIRED      09/23/2003      (305) 439-0894  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CP2E083 (4/03)