

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90109 029 *****50.00

C017741

DOCUMENT # L00000000789

1. Entity Name

INTERNATIONAL SEAFOOD IMPORTS, L.L.C.



Principal Place of Business

Mailing Address

~~9010 N.W. 100 STREET~~
MEDLEY FL 33178

P.O. BOX 40-2427
MIAMI BEACH FL 33140-2427

2. Principal Place of Business

1800 SUNSET HARBOUR DR.

Suite, Apt. #, etc.
"P"

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

SAME

4. FEI Number

65-0983434

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ROBLEDO, ANTHONY
8180 N.W. 36 STREET #100
MIAMI FL 33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGRM FEUERMANN, CLAUDIO**
STREET ADDRESS **PO BOX 402427**
CITY-ST-ZIP **MIAMI BEACH FL 33140-2427**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGRM FEUERMANN, MERCEDES**
STREET ADDRESS **PO BOX 402427**
CITY-ST-ZIP **MIAMI BEACH FL 33140-2427**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1-9-03 305885-9666

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

Date

Daytime Phone #

CR2E083 (10/02)