## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: X

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DOCUMENT # L0000002080  1. Entity Name					FILED				
MCS INTERNATIONAL BUSINESS, L.L.C.					01 MAY 14 AM 9: 40				
					SEGRETARY OF STATE TALEAHASSEE, FLORIDA				
Principal Place of Business Mailing Address				TALEAMASSI			Epi Filling	11(1)(0)	
1090 SW 1 A	VE #14	1090 SW 1 AVE #14							
MIAMI FL 331		MIAMI FL 33130				<del></del>	+		
	•	•				 	 		
2. Principal P	lace of Business	3. Mailing Address				LEGISON DIS BOUR DONCEDUR DONS	FFIII BAIKI I İ	YENYE MEN BÊLET	
Suite, Apt.	# etc	Suite, Apt. #, etc.			1	. DO NOT WRITE	IN THIS S	SDACE	
<b>52.15</b> , 7 <b>(2.1</b>		Suite, Apr. 4, cie.			DO NOT WHITE	IN ITHIS			
City & Stat	е	City & State			4. FEIN	lumber	•	Ap	plied For
				x 6		(-018814'/	1		t Applicable
Zip Country		Zip Coun		У	5. Certi	ficate of Status Desired		\$5.00 Add	itional
	6. Name and Address of Current	Registered Agent			7 Nam	e and Address of New Reg	<u></u>	Fee Required	,
:				Name	7. 144111	o uno Adologo ol Mon Ing	1310100 F	- Igoni	
SKEF, SARA ELIZABETH A				Street Address (P.O. Box Number is Not Acceptable)					
1090 SW 1 AVE., #14				Street Address (	P.U. BOX N	umber is Not Acceptable)	:		
MIAMI FL							-		
			F	City			FL	Zip Code	<del></del>
			. !	······································			<del></del>		
8. The above	named entity submits this statement fo	r the purpose of changing its r	registered	d office or register	ed agent,	or both, in the State of Floric	la.		
SIGNATURE .						•			
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	: Registered	Agent signature required	when reinstati	ng)	DATE		
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•		, make one in	,001010	Department o	· Otale	•			
9.	MANAGING MEMBI	ERS/MEMBERS	10.			ADDITIONS/C	HANGES		
TITLE			TITLE					Change	Addition
NAME STREET ADDRESS	OREI, ONIO EDZADEITI A		NAME	r +D00500	100000433				
City-ST-ZIP	1000 011 1 711 1-1		CITY-S	r address St-zip		06/08/1			
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STREET ADDRESS				T ADDRESS			1		
CITY-ST-ZIP			CITY-S	ST-ZIP			1		
TITLE NAME			TITLE .	•			i	Change	☐ Addition
STREET ADDRESS			NAME STREET	r address					
CITY-ST-ZIP			CITY-S						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS					
TITLE		□ Dalata ·	-	11-EIF	-		1	Change	- Laddition
NAME	Delete IIILE		NAME				1	☐ Change	☐ Addition
STREET ADDRESS	DRESS			ADDRESS					
CITY-ST-ZK		<u> </u>	CITY-S	ST-ZIP			1		
TITLE		☐ Delete	TITLE	,			1	Change	Addition
NAME			NAME STREET	ADDRESS					
CITY-ST-ZIP			CITY-S	i					
11. I hereby o	ertify that the information supplied with	this filing does not qualify for	the exem	intion stated in Se	ction 119.0	07(3)(i), Florida Statutes, I fu	rther cert	ify that the in	formation
indicated	on this report is true and accurate and bility company or the receiver or trustee	inai my signaiure shall have tr	he same i	legal ettect as it m	ade undei	' nath: that I am a mananini	membe	r or manager	of the

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #