

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003032

1. Entity Name
DISPLAYS INTERNATIONAL, LLC

APPROVED
AND
FILED

01 MAY -1 PM 6:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
25 S.E. 2ND AVE., SUITE 1020
THE INGRAHAM BUILDING
MIAMI FL 33131

Mailing Address
25 S.E. 2ND AVE., SUITE 1020
THE INGRAHAM BUILDING
MIAMI FL 33131

2. Principal Place of Business
1655 Drexel Ave

3. Mailing Address
1655 Drexel Ave

Suite, Apt. #, etc.

214

Suite, Apt. #, etc.

214

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33139

Country

Zip

33139

Country

4. FEI Number

52-2224471

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FONT, LUIS ESQ
25 S.E. 2ND AVE., SUITE 1020
THE INGRAHAM BUILDING
MIAMI FL 33131

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.

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 Department of State

200004275762--3
-05/22/01--01032--006
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DANIEL A PERALTA
MEMBER-MANAGER
1655 Drexel Ave #214
Miami Beach FL 33139

☐ Change

☒ Addition

TITLE
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CITY-ST-ZIP

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

Date

Daytime Phone #

4/19/01

CR2E083 (11/00)