

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

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90040 032 \*\*\*\*\*55.00

**DOCUMENT #**

1. Entity Name **INTINISA USA LLC**  
**L00000006286**

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

**481 BAHIA AVE**  
Suite, Apt. #, etc.

**3. Mailing Address**

**481 BAHIA AVE**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

**KEY LARGO, FLA 33037**

**City & State**

**KEY LARGO, FLA**

**4. FEI Number**

Applied For  
☒ Not Applicable

Zip  
**33037**

Country  
**USA**

Zip  
**33037**

Country  
**USA**

**5. Certificate of Status Desired**

☒ **\$5.00 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

Name **REINALDO RODRIGUEZ**

Street Address (P.O. Box Number is Not Acceptable)

**481 BAHIA AVE**

City **KEY LARGO**

**FL**

Zip Code **33037**

**DO NOT WRITE  
IN THIS SPACE**

**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**

*Reinaldo Rodriguez*

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MANAGER, PRESIDENT**  
NAME **REINALDO RODRIGUEZ**  
STREET ADDRESS **481 BAHIA AVE**  
CITY - ST - ZIP **KEY LARGO, FLA 33037**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **ASST. PRESIDENT (MANAGER)**  
NAME **GARMEN MEDINA**  
STREET ADDRESS **481 BAHIA AVE**  
CITY - ST - ZIP **KEY LARGO, FLA 33037**

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**DO NOT WRITE  
IN THIS SPACE**

**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**

*Reinaldo Rodriguez* **REINALDO RODRIGUEZ**

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

Date

Daytime Phone #

**305-451-6041**  
**3/6/02 = 786-423-3095**

CR2E083B (12/01)