

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000007086

FILED
Mar 04, 2002 8:00 AM
Secretary of State

Entity Name: BEZANT INTERNATIONAL LLC

Current Principal Place of Business:

941 FOURTH ST
#200M
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

941 FOURTH ST
#200M
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS ENTERPRISES, INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: EATON, CHRISTOPHER P MR
Address: TROLLABY HOUSE, TROLLABY LANE
City-St-Zip: UNION MILLS, ISLE OF MAN, UK UK

Title: MGR () Delete
Name: DONNELLY, JOHN TREVOR G MR
Address: RUE DU MOULIN
City-St-Zip: SARK, CHANNEL ISLANDS, UK UK

Title: MGR () Delete
Name: PETERS, SAMANTHA MS
Address: LA PETITE VALLETTE
City-St-Zip: SARK, CHANNEL ISLANDS, UK UK

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JTG DONNELLY

MR

03/04/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date