

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90266 027 \*\*\*\*50.00

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**DOCUMENT # L00000011464**

1. Entity Name

**INSTITUTO DE ENZENANZA PARA LA PAZ INTERIOR, L.L.C.**

Principal Place of Business

**3440 HOLLYWOOD BLVD., SUITE 360  
HOLLYWOOD FL 33021**

Mailing Address

**3440 HOLLYWOOD BLVD., SUITE 360  
HOLLYWOOD FL 33021**

**967075**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1043318**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROTH, LEONARDO A  
3440 HOLLYWOOD BLVD., SUITE 360  
HOLLYWOOD FL 33021**

Name

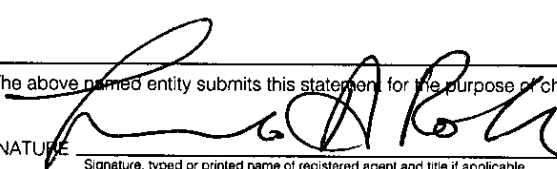
Street Address (P.O. Box Number is Not Acceptable)

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

**LEONARDO A. ROTH, Esq**

**4-27-02**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **IANNICI, EDUARDO M**  
STREET ADDRESS **LISANDRO DE LA TORRE 1323, 1638 V. LOPEZ**  
CITY-ST-ZIP **BUENOS AIRES, ARGENTINA A**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **CASCATA, ADRIANA N**  
STREET ADDRESS **LISANDRO DE LA TORRE 1323, 1638 V. LOPEZ**  
CITY-ST-ZIP **BUENOS AIRES, ARGENTINA A**

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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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:

**See SIGNATURE EDUARDO IANNICI, MGRM 4/25/02 954-322-7280**

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

Date

Daytime Phone #

CR2E083 (9/01)