


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90273 036 ****50.00

0017860

DOCUMENT # L01000001125		
1. Entity Name INDUSTRIAL ASSESSORSHIPS, L.L.C.		

Principal Place of Business 1770 N. BAY VILLAGE 79 ST., APT D-310 MIAMI FL 33141	Mailing Address 1770 N. BAY VILLAGE 79 ST., APT D-310 SUITE PLAZA 100 MIAMI FL 33141
--	--

2. Principal Place of Business		3. Mailing Address <i>1770 N. Bay Village 79 st</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Apt. D-310</i>	
City & State		City & State <i>Miami, FL</i>	
Zip	Country	Zip <i>33141</i>	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2295651		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MESIA, HUMBERTO 1770 N. BAY VILLAGE 79 ST., APT D-310 MIAMI FL 33141		7. Name and Address of New Registered Agent	
		Name <i>Mejia Humberto</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>835 Both St Apt. 3</i>	
		City <i>Miami Beach</i>	FL Zip Code <i>33141</i>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mejia Humberto Mejia* DATE *4-28-03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 -	
--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEJIA, HUMBERTO 1770 N. BAY VILLAGE 79 ST., APT D-310 MIAMI FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RESTREPO, JORGE M 1770 N. BAY VILLAGE 79 ST., APT D-310 MIAMI FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEDOYA, WILMAR 1770 N. BAY VILLAGE 79 ST., APT D-310 MIAMI FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JARAMILLO, JAIRO 1770 N. BAY VILLAGE 79 ST., APT D-310 MIAMI FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LONDONO, DORANCE 1770 N. BAY VILLAGE 79 ST., APT D-310 MIAMI FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mejia Humberto Mejia* DATE *4-28-03* 305 865 9218

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

CR2E083 (10/02)

Attachment

30064914
101000000125

Department of Treasury
Internal Revenue Service
Philadelphia Service Center

Fax Message

Date: FEB. 22, 2001

To: HUMBERTO MEJIA ARANGO

Phone Number:

Fax Number: 305-324-4959

From: Teletin, Joanne Devine

Address: 11601 Roosevelt Blvd, DP 8125
Philadelphia, PA 19154

Phone:

Fax Number: (215) 516-3990

Subject: Per your request, your employer identification number is 52-2295651

INDUSTRIAL ASSESSORSHIPS, L.L.C.

CONFIDENTIAL NOTICE

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient or the employee or agent for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone call, and return the communication at the address above via the United States Postal Service. Thank you.

101000000125