FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90580 012 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001913

1. Entity Name
AUDITAR INT'L LLC

Principal Place of Business	Mailing Address
10268 NW 56 ST. MIAMI, FL 33178	10268 NW 56 ST. MIAMI, FL 33178

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6355 NW 36 ST,	6355 NW 36 ST,
Suite, Apt. #, etc. Suite 507	Suite, Apt. #, etc. Suite 507
City & State Miami, FL	City & State Miami, FL
Zip 33166 Country	Zip 33166 Country

4. FEI Number 04-3652762 [X] Applied For ☐ Not Applicable

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
MALDONADO, JOSE J 10268 NW 56 ST. MIAMI, FL 33178	Name MALDONADO, JOSE J Street Address (P.O. Box Number is Not Acceptable) 6355 NW 36 ST, Suite 507 City Miami, FL Zip 33166

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 [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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MALDONADO, JOSE J 10268 NW 56 ST MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MALDONADO, JOSE J 6355 NW 36 ST, Suite 507 Miami, FL 33166	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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] 4-28-03 305 8714161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #