

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

0007778

03-18-2002 90087 003 *****50.00

DOCUMENT # L01000004885

1. Entity Name

INTERNATIONAL SUPPLY MATERIAL ISM, L.C.

Principal Place of Business

**5600 COLLINS AVE. SUITE 15B
 MIAMI BEACH FL 33140**

Mailing Address

**338 MINORCA AVE.
 CORAL GABLES FL 33134**

012149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1153193**

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

**CABEZA, MANUEL E
 338 MINORCA AVE.
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
International Registered Agents Corporation
 Street Address (P.O. Box Number is Not Acceptable)
338 Minorca Avenue
 City **Coral Gables** **FL** Zip Code **33134**

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 **Maria Elena Cabeza, President**

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

(NOTE: Registered Agent signature required when reinstating)

February 21, 2002

DATE

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

9. MANAGING MEMBERS/MANAGERS

| | | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mgr Pino, Maria Fernanda 1315 W View Ave Apto 12 East Landing, Michigan 48823 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M Jaimes de Pino, Mercedes Cra. 56 #129A-38 Casa 67 Parkes Cova- donga Bogota, Colombia | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **Mercedes Jaime de Pino** **Mercedes Jaime de Pino** (305) 444-7282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Member Date **2/21/02** Daytime Phone #

CR2E083 (9/01)