2002-2003

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # LO1000008813

1. Entity Name

ELECTRONICS WORLD INTERNATIONAL LLC

FILED

2003 FEB 26 PM 12:41

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1969 NW 55 AV	PO. BOX 880495
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARGATE FLORIDA	City & State: BOCA RATON FLORIDA
Zip: 33063 Country: BROWARD	Zip: 33488 Country: WEST PALM BEA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1092195 ✔ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: IRIS SIFONTES

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

5600 NW 61 ST APARTMENT 1010

City: COCONUT CREECK. FL Zip Code: 33073

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: Iris Sifontes DATE: January 7/03

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLELIA SALAS OWNER 22860 WINDSOR WOOD CT BOCA RATON FLORIDA 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARLO JULIO SALAS 22860 WINDSORWOOD CT BOCA RATON FLORIDA 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	02/11/03--01029--022 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800012311438 02/11/03--01029--021 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E085B (12/02)

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: Iris Sifontes Date: January 7/03. Daytime Phone #

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

To: Florida Department of State
Division of Corporations
Registration

ATT: Joe Boyan

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Dear Sir

As we talked by phone I am sending you this letter regarding Uniform Business report year 2002 which I never received. I already send you the check $ 50.00. Along with this letter is a copy of your letter and the form already filled.

Thanks you

Clelia Sala
Electronics World I LLC
Document
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