

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90241 032 ****50.00

DOCUMENT # L01000015166

1. Entity Name

MASTER MANAGEMENT SERVICE USA, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

168 SE 1ST STREET

Suite, Apt. #, etc.

SUITE 605

3. Mailing Address

168 SE 1ST STREET

Suite, Apt. #, etc.

SUITE 605

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

651149304

Applied For

Not Applicable

Zip
33131

Country

Zip
33131

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MIAMI CORPORATE SYSTEMS INC

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

283 CATALONIA AVENUE, 2nd FLOOR

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

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

MGRM
MISHAAN, SALOMON
2600 ISLAND BLVD, 1005
MIAMI, FL

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

MGRM
AZIZA, JEAN P.
CALLE LINARES #20, ESCALERA C PRTA 9
46018 VALENCIA ESPAÑA

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

MGRM
SABA, ERIC
PASEO DEL HONTANAR #1C-7 28223 POZUELO
MADRID, ESPAÑA

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

MGRM
LEVY, SALOMON
EDIF. CAVENDES SUIT 1304A
CARACAS, VENEZUELA

**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**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**DO NOT WRITE
IN THIS SPACE**

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:

SALOMON MISHAAN

MARCH 27, 2002

305-933-2190

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

Date

Daytime Phone #

CR2E063B (12/01)