

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91000 013 \*\*\*\*50.00

DOCUMENT # L01000017205

1. Entity Name



JACK POLEY INTERNATIONAL, L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6619 S. DIXIE HWY  
Suite, Apt. #, etc.  
# 303

3. Mailing Address

6619 S. DIXIE HWY  
Suite, Apt. #, etc.  
# 303

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI FL

City & State  
MIAMI FL

4. FEI Number  
01-0778852

Applied For  
Not Applicable

Zip 33143 Country USA

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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  
JORGE OTERO

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

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

SIGNATURE

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

DATE

**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
PRESIDENT / SECRETARY	JON POLEY	6619 S. DIXIE HWY, UNIT 303	MIAMI FL 33143
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

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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:

4-25-03

305-669-5181

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

Date

Daytime Phone #

CR2E083B (12/02)