2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018218

Entity Name

NAZTEC INTERNATIONAL L.L.C.



Principal Place of Business Mailing Address 5030 CHAMPION BLVD., G6-255 5030 CHAMPION BLVD., G6-255 BOCA RATON FL 33496 **BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-1146211 Applied For Not Applicable Zip Country Ziρ Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAZHOOR K, MOHAMED S 5030 CHAMPION BLVD., G6-255 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33496** City Zip Code 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, 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 MANAGING MEMBERS/MANAGERS 10. 9. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITI F ☐ Change ☐ Addition MOHAMED SALALUDDIN PAZHOOR K NAME STREET ADORESS 5030 CHAMPION BLVD., G6-255 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition MOHAMED MUYEENUDDIN PAZHOOR K NAME NAME STREET ADDRESS 5030 CHAMPION BLVD., G6-255 STREET ADDRESS CITY-ST-ZIF BOCA RATON FL-33496---CITY-ST-ZIP 🚤 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED DEPOSES ENTATIVE

JAN 24 2003

561-542-1740

Daytime Phone #

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FILED

Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90077 001 ****50.00 01-29-2003 90077 002 *****5.00