

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90021 026 ****55.00

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DOCUMENT # L01000018406

1. Entity Name
NASAKI INTERNATIONAL TRADING LLC



Principal Place of Business Mailing Address

**7255 NW 44 STREET
MIAMI FL 33166** **PO BOX 278855
MIRAMAR FL 33027**

2. Principal Place of Business 3. Mailing Address

1472 N.W. 153RD Ave. **Same as above**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Pembroke Pines, FL. **Same as above**

Zip Country Zip Country

33028 **U.S.A.**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1148050** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TOBON, MARTHA C
7255 NW 44 ST
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name
Martha C. Tobon

Street Address (P.O. Box Number is Not Acceptable)
1472 N.W. 153RD Ave.

City State Zip Code
Pembroke Pines FL 33028

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 *Martha C. Tobon* DATE **2-3-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TOBON, MARTHA C 1472 NW 153RD AVE. PEMBROKE PINES FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANTOFIMIO, JOSE 1472 NW 153RD AVE. PEMBROKE PINES FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS NAVARRO, PATRICIA 1472 NW 153RD AVE. PEMBROKE PINES FL 33028	<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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Martha C. Tobon* DATE: **2-3-03** DAYTIME PHONE: **(954) 431-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)