

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

1062

**FILED**  
**Feb 18, 2003 8:00 A.M.**  
**Secretary of State**

DOCUMENT # L01000019763

1. Entity Name

I.D.T. LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
7128 NW 50 STREET

Suite, Apt. #, etc.  
UNIT: B-5

City & State  
MIAMI, FL

Zip  
33166

Country  
US

3. Mailing Address  
7128 NW 50 STREET

Suite, Apt. #, etc.  
UNIT: B-5

City & State  
MIAMI, FL

Zip  
33166

Country  
US

700013087027  
02/25/03--01015--021 \*\*100.00

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name **FABIANA MONTUFAR**

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

7128 NW 50 STREET UNIT: B-5

City **MIAMI**

**FL**

Zip Code  
**33166**

**DO NOT WRITE  
IN THIS SPACE**

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	(MGRM) MONTUFAR TRADE, INC. 7128 NW 50 STREET UNIT: B-5 MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(MGRM) NICOLAS DUQUE 7128 NW 50 STREET UNIT: B-5 MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(MGRM) CARLOS RUIZ 7128 NW 50 STREET UNIT: B-5 MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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:

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

2-18-03

Date

Daytime Phone #

CR2ED83B (12/02)

*I.D.T. LLC*

FILED

03 FEB 19 AM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002 UNIFORM BUSINESS REPORT. I HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I INCORPORATED.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY,



FABIANA MONTUFAR  
(MGRM)