

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000001017

1. Entity Name
ISTON LINE LTD. CO.



Principal Place of Business
360 SOUTH SHORE DRIVE
SARASOTA, FL 34234

Mailing Address
360 SOUTH SHORE DRIVE
SARASOTA, FL 34234

2. Principal Place of Business

3. Mailing Address

12260 Willow Grove Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg #2

City & State

Camden, DE

Zip

Country

19934

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLETCHER, W. RICK
360 SOUTH SHORE DRIVE
SARASOTA, FL 34234

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW WITH FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 4, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
INTERNATIONAL CONSULTING SERVICES LIMITED
35 BARRACK ROAD
BELIZE CITY, C.A.

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
600018317466
05/07/03--01002--013 **700.00

☐ Change

☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change

☐ 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:

Adi Maor Adi Maor

4/28/03 (22)698-0118

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

Date

Daytime Phone #

CR2E083 (10/02)