2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2003 8:00 am Secretary of State

DOCU 1. Entity Nar IETZIK, L	n e	#L020000052	05-02-2	2003 90756 00	4 ****5().00				
Principal Place 826 HARBON CORAL SPRIN			Mailing Address 826 HARBOR INN DR. CORAL SPRINGS, FL 33071							
2. Principal f	Place of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 613	AU - 21 22 1 6 -]
Zip	Country		Zip Cour		ntry	5. Certificate of Status Desired		\$5.00 Add		
	6. Name	and Address of Current	Registered Agent		Ţ <u></u>	7. Name and Address of				<u> </u>
GUZMAN, MARIO I					Name					}
9010 SOUT SUITE #208		7TH AVE.			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL	33186				9(30	3 Daddond	B/vd	# 15	504	1
8. The above	named entit	v submits this statement for	the purpose of changing it	s register	red office or registe	red agent, or both, in the State	FL e of Florida Lam fr	Zip Coo		-
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 Agents (grature required when reinstating). DATE										
FILE NOWILL FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003										
9.		MANAGING MEMBE		10.		ADDI	IONS/CHANGES			1
NAME STREET ADDRESS CITY-ST-ZIP	826 HARE	GER, JAVIER EDUARD JOR INN DR. PRINGS, FL 33071	☐ Delete D O		ļ			☐ Change	☐ Addition	CRZE083 (10/02)
1ITLE	MEM	··· <u>·</u> ········	☐ Delete	7171	————	. 		☐ Change	Addition	18
NAME STREET ADDRESS	1	NUTRER S.A. A 1369		NAA S10	AE EET ADDHESS					
CITY-ST-2IP	1	AIRES, ARGENTINA 10	133,	A	(-ST-ZIP]
TITLE -	-		· Delete	TITL	i i			☐ Change.	Addition]
STREET ADDRESS					EET ADDRESS					
Crity-St-2IP	 				(-ST-ZIP				C 1485	-
TITLE NAME	,		☐ Delete	TITL NAA		÷		☐ Change	Addition	
STREET ADDRESS Crity-St-21P	•				ÉET ADDRÉSS (-ST-ZIP					
TITLE	 		☐ Delete	1171				Change	☐ Addition	1
NAME STREET ADDRESS	}			NAA STD	AE ÉÉT ADDRESS					
Csty-St-2iP	<u> </u>				(-S1-ZIP					
TITLE			☐ Delete	1111				Change	☐ Addition	
NAME STREET ADDRESS	l			NAM Str	EET ADDRESS					1
CITY-ST-ZIP		a information as made at a set	bhia filling plans make more for	L	(-ST-ZIP	colon 110 07/04/0 Finance	tukan 1 firathara · · ·	6 ala _ a al ·	oformatic -	-
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), 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: 4-30-03 SIGNATURE AND TYPEU OR PRINTED VIMILED SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE CHIEF CHIEF COMME CONVICTOR PROPRY										
L	SPLETUR (URE /	NAME OF THE PARTY OF THE PARTY OF	SHORMAN MANAGING BELLBER, NA	resulti, Ol	A AU INCHEZED REPRESI	ENTATIYE Case	Cur	yuime Phone #		1