

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

DOCUMENT # **L02000006248**

1. Entity Name

International Design Studio, LLC



FILED

03 SEP 11 9 AM 18:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6915 Red Road

Suite, Apt. #, etc.

3. Mailing Address
1730 Main Street

Suite, Apt. #, etc.

Suite 216

City & State
Coral Gables, FL

City & State
Weston, FL

4. FEI Number
41-2049926

Applied For
Not Applicable

Zip
33143

Country
USA

Zip
33326

Country
USA

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

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Jeffrey E. Campion

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

1730 Main Street, Suite 216

City
Weston

FL

Zip Code
33326

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

09/11/2003

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

Manager
Nelida Leguia de Freije
6915 Red Road, Coral Gables, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice-President
Adrian Freije
6915 Red Road, Coral Gables, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice-Manager
Fabian Tanferna
6915 Red Road, Coral Gables, FL 33143

TITLE
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09/19/03--01095--001 **50.00

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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 typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #

09/11/2003

CR2E083B (12/02)