

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000008476

1. Entity Name  
PELTON IMPEX 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg # 2

City & State

City & State

Camden, DE

Zip

Country

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!!! FEES \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

000018317162  
07/03--01002--013 \*\*700.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition  
900018317509  
05/07/03--01002--013 \*\*700.00

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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 606, Florida Statutes.

SIGNATURE:

Adi Maor Adi Maor

4/28/03

(302)698-0118

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

Office

Daytime Phone #

CR2E083 (10/02)