

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90027 045 \*\*\*\*55.00

**DOCUMENT # L02000017752**

1. Entity Name

**SUCCESS DIRECT INTERNATIONAL, LLC**



Principal Place of Business

**4800 NORTH FEDERAL HIGHWAY STE. 101D  
BOCA RATON FL 33431**

Mailing Address

**4800 NORTH FEDERAL HIGHWAY STE. 101D  
BOCA RATON FL 33431**

2. Principal Place of Business

**4800 N. Federal Hwy.**

3. Mailing Address

**4800 N. Federal Hwy**

Suite, Apt. #, etc.

**204D**

Suite, Apt. #, etc.

**204D**

City & State

**Boca Raton FL**

City & State

**Boca Raton, FL**

Zip

**U.S.**

Country

**USA**

Zip

**33431**

Country

**U.S.**

4. FEI Number

**51-0423750**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**H.A. INCORPORATED  
308 NW 101 TERRACE  
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE

**PSTD**

☐ Change

☒ Addition

NAME

**Simone E. Isaacs**

STREET ADDRESS

**4800 N. Federal Hwy, Ste 204-D**

CITY-ST-ZIP

**Boca Raton, FL 33431**

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 REQUIRED**

**2-5-03**

**561-391-5099**

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

Date

Daytime Phone #

CR2E083 (10/02)