FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90616 028 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30049573

DOCUMENT # L02000029365

1. Entity Name
ISOTECH INTERNATIONAL, LLC

Principal Place of Business	Mailing Address
8386 NW 56 ST MIAMI, FL 33166	8386 NW 56 ST MIAMI, FL 33166

2. Principal Place of Business	3. Mailing Address
2419 SW 27 ST	2419 SW 27 ST
Suite, Apt. #, etc. # 101	Suite, Apt. #, etc. # 101
City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33133 Country	Zip 33133 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
47-0896168 ☐ 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
LIZANO, FRANCISCO 8386 NW 56 ST MIAMI, FL 33166	Name LIZANA FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 2419 SW 27 ST, # 101. City MIAMIA FL Zip Code 33133

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 _____ DATE
Signature, officer or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending)

FILING FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LIZANO, FRANCISCO 8386 NW 56 ST MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LIZANA FRANCISCO 2419 SW 27 ST # 101. MIAMI, FL 33133.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-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: _____ 4/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)