## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000031562

1. Entity Name

CITY-ST-ZIP

POMAN INTERNATIONAL, L.L.C.



## FILED

2003 MAR 10 AM 10: 38

DIVISION OF CORPORATIONS FALLAHASSEE, FLORIDA

## DO NOT WRITE IN THIS SPACE

2. Principal Place	ce of Business Commercial Blvd. 3. Mailing Address same as 1	No 2	landra e metro de metro embre ambienta e metro e de metro embre e de la metro e de la metro e della della della		
Suite, Apt. #,				DO NOT WRITE IN THIS SPACE	
City & State Fort I	auderdale, FL. City & State	City & State		4. FEI Number  Applied For  Not Applicable	
<sup>Zip</sup> 33334	Country Zip	Coun	itry	5. Certificate of Status Desired   \$5.00 Additional Fee Required	
		l	Name	7. Name and Address of Current Registered Agent	
	DO NOT WRITE			rancis S. Siu	
	IN THIS SPACE		12	(P.O.Box Number is Not Acceptable) 21 East Commercial Blvd.	-
			City <b>Fo</b>	ort Lauderdale FL Zip 33334	
8. The above na the obligation	amed entity submits this statement for the purpose of changing is of registered agent.	its registere	ed office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	7500				
Sig	nature Typed or printed name of registered agent and title if applicable.	FEE IS	eso ao	DATE	
	Make Check Pays		orida Departme	ent of State	
9.	MANAGING MEMBERS/MANAGERS				
TITLE M GRM	Francis S. Siu 121 East Commercial Blvd.	TITLE			ZVZ)
NAME STREET ADDRESS CVY-ST-ZIP	Fort Lauderdale, Fl. 3333	125435-03625-0	ET ADDRESS - ST-ZIP	03/10/0301065001 *#50.00 \$	CRZEU83B (12/02
TITLE		TITLE			Š
E LOOPER		NAME	1		5
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS ST-ZIP		
TITLE	<u>-</u> "	TITLE	Atuni dengangan pengalangan pengangan pengangan pengangan pengangan pengangan pengangan pengangan pengangan p Pengangan pengangan		
NAME		NAME			
STREET ADDRESS CITY-ST-ZIP		. 建铁磁学性	ET ADDRESS ST. 71P	DO NOT WRITE	
TITLE		TITLE		IN THIS SPACE	
NAME STREET ADDRESS		NAME	CONTRACTOR OF CONTRACT	IN THIS SPACE	
CITY-ST-ZIP		<b>建筑的</b>	T ADDRESS ST-ZIP		
TITLE	-	TITLE			
NAME		NAME	SCHOOL STREET, SHOULD SELECT		
STREET ADDRESS City-St-Zip		<b>经验的基础</b> 结	T AODRESS ST-ZIP		
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STREET ADDRESS	1 1 1 mg	STREE	T AODRESS		

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.

CITY-ST-ZIP

SIGNATURE:

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

Date

Daytime Phone #