

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 24 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # L02000032434 1. Entity Name INI IMPORTS L.L.C.					
Principal Place of Business 1180 GOLDEN CANE DR WESTON FL 33327			Mailing Address 1180 GOLDEN CANE DR WESTON FL 33327		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 81-0593682	
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ALARCON, IVAN 1180 GOLDEN CANE DR WESTON FL 33327				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 IVAN ALARCON 9/15/03 <small>Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM <input type="checkbox"/> Delete NAME ALARCON, IVAN STREET ADDRESS 1180 GOLDEN CANE DR CITY-ST-ZIP WESTON FL 33327			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 000023304960 STREET ADDRESS 09/24/03--01058--002 CITY-ST-ZIP **50.00		
TITLE MGRM <input type="checkbox"/> Delete NAME MARCANO, NATHALIE G STREET ADDRESS 1180 GOLDEN CANE DR CITY-ST-ZIP WESTON FL 33327			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: IVAN ALARCON 9/15/03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <small>Daytime Phone #</small>					

CR2E083 (4/03)