

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L97000000266

1. Entity Name
I.S.D. INTERNATIONAL, L.C.

Principal Place of Business
C/O LESLIE ALAN ROZENCWAIG, P.A.
1 SE 3RD AVE. SUITE 960
MIAMI FL 33131

Mailing Address
C/O LESLIE ALAN ROZENCWAIG, P.A.
1 SE 3RD AVE. SUITE 960
MIAMI FL 33131-1710

2. Principal Place of Business
16800 N.W. 2nd Avenue
Suite, Apt. #, etc.
STE 607

3. Mailing Address
16800 N.W. 2nd Avenue
Suite, Apt. #, etc.
STE. 607

City & State
NORTH MIAMI BEACH, FLA

City & State
NORTH MIAMI BEACH FLA

Zip
33169

Country
USA

Zip
33169

Country
USA

4. FEI Number 65-0736379

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROZENCWAIG, LESLIE A
ONE SOUTHEAST 3RD AVE, SUITE 960
MIAMI FL 33131

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200003239732--3
-05/04/00--01076--009
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLO, JULIO %ONE S.E. THIRD AVENUE, SUITE 960 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	16800 N.W. 2nd Avenue NORTH MIAMI BEACH FLA 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] REQUIRED

4/10/00 305 451 9903

Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

1666 (310) 110