

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000403

1. Entity Name

IRBIS INTERNATIONAL FUND LLC

Principal Place of Business

1591 EAST ATLANTIC BLVD., SUITE 200  
POMPANO BEACH FL 33060

Mailing Address

1591 EAST ATLANTIC BLVD., SUITE 200  
POMPANO BEACH FL 33060-6748

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

INTERNATIONAL COMPANY SERVICES (USA) INC.  
1591 E. ATLANTIC BLVD., SUITE 200  
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name

CARLTON MANAGEMENT, INC.

Street Address (P.O. Box Number is Not Acceptable)

1591 E. Atlantic Blvd., Suite 200

City

Pompano Beach

FL

Zip Code

33060

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

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

(NOTE: Registered Agent signature required when reinstating)

3/25/00  
DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME DEBROSKEY, HARRY  
STREET ADDRESS 1591 EAST ATLANTIC BLVD., SUITE 200  
CITY- ST- ZIP POMPANO BEACH FL 33060

TITLE  
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10. ADDITIONS/CHANGES

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CITY- ST- ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/28/2000  
Date

954-943-1498  
Daytime Phone #

FILED  
00 APR -3 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)