

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002300

1. Entity Name  
POD INTERNATIONAL L.L.C.

Principal Place of Business

3283 GIFFORD LANE  
MIAMI FL 33133

Mailing Address

3283 GIFFORD LANE  
MIAMI FL 33133-5114

2. Principal Place of Business

~~3901~~  
Suite, Apt. #, etc.  
3901 BRAGANZA AVE.

3. Mailing Address

Suite, Apt. #, etc.  
390 BRAGANZA AVE.

City & State

MIAMI

City & State

MIAMI

Zip

33133

Country

USA

Zip

33133

Country

USA

4. FEI Number

65-0870787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STANHAM, NICHOLAS ESQ  
FREEMAN BUTTERMAN & HABER  
520 BRICKELL KEY DRIVE, SUITE 0-305  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM STRONGMAN, DAVID  
STREET ADDRESS 3283 GIFFORD LANE  
CITY- ST- ZIP MIAMI FL 33133 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
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CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
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)(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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/16/00

Date

3055292578

Daytime Phone #

APPROVED  
AND  
FILED

00 MAR 27 AM 7:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)