2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002300

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

Principal Place of Business	Mailing Address
3901 BRAGANZA AVE.	3901 BRAGANZA AVE.
MIAMI FL 33133	MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number 65-0870787	Applied For / Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
STANHAM, NICHOLAS ESQ	Name
FREEMAN BUTTERMAN & HABER	Street Address (P.O. Box Number is Not Acceptable)
520 BRICKELL KEY DRIVE, SUITE O-305	
MIAMI FL 33131	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 1/30/01

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

9. MANAGING MEMBERS / MEMBERS		**10.** ADDITIONS / CHANGES	
TITLE MGRM / NAME STRONGMAN, DAVID / STREET ADDRESS 3283 GIFFORD LANE / CITY-ST-ZIP MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP MGRM STRONGMAN, DAVID 3901 BRAGANZA AVE, MIAMI, FL, 33133	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	800003675738--5 -02/13/01--01018--009 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TB	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ 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: _____ DAVID STRONGMAN 1/30/01 305 5292578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (11/00)