## 2001 UNIFORM RUSINESS DEDORT (HDD)

200	I CHIFORIM BOS	114E33 U	LFUNI	(ADU)		•	i		
DOCU 1. Entity Nar DSM, LL			FILED 01 APR -6 PM 4: 16						
						SECRETARY OF S	* TATE		
Principal Place of Business Mailing Address 701 BRICKELL AVENUE. SUITE 3000 701 BRICKELL AVEN MIAMI FL 33131 MIAMI FL 33131				E. SUITE 3000		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal i	Place of Business	ess		_					
Cuita Ant		Suite Ant # etc							
Suite, Apt		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	te	City & State			4. FEI I	Number 97-7804777		pplied For ot Applicable	7
Zip Country		Zip Coun		ntry	5. Certificate of Status Desired S5.00 Additional Fee Required				
	6. Name and Address of Current I	Registered Agent	<u>i</u>		7. Nam	e and Address of New Registere		70	- 
INTRAST	-Name								
	CKELL AVENUE, SUITE 3000		Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33131									
				City	<del></del>	F	Zip Cod	le `	
8. The above	e named entity submits this statement for	the purpose of ch	anging its registere	ed office or registe	ered agent,	or both, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if combined to	(NOTE: Beginner	d Agent signature require		ing) DATE			l
	aginitatio, typea or printed marke or registered agent a								1
			FILE NOW!!! I heck Payable to	· ·		30000399  -04/13/01	5943 -01010-		1
9.	MANAGING MEMBE		10.			******\[\].() ADDITIONS/CHANGE	<u>()</u> *****	<u>kS0.00</u>	_
TITLE	MGR	□ D		·		ABBITTONO/OFIANGE	☐ Change	Addition	3
NAME HAVLENA, VLADIMIR STREET ADDRESS ONE EAST BROWARD BOULEYARD, SUITE			- NAMI STRE	E ET ADDRESS					5
CITY-ST-ZIP	-FT LAUDERDALE FL 33301 A			-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	- 20
NAME	/c/	o BSM, Little	elete TITLE	E			☐ Change	Addition	5
STREET ADDRESS CITY-ST-ZIP	6811	O DSM, LITE O NEW TAMP ELAND, FL	04 HIGHWYGGE 32 815 - DDY	ET ADDRESS -ST-7IP					
TITLE ~		□ D				• . • •	Change	☐ Addition	-
NAME STREET ADDRESS			NAMI STRE	E Et address					
CITY-ST-ZIP				-ST-ZIP					
TITLE NAME		□ D	elete TITLE - NAME				Change	☐ Addition	ŀ
STREET ADDRESS CITY_SP-ZiP		٠.,		ET ADDRESS -ST-ZIP					
EULE ,							☐ Change	☐ Addition	1
STREET ADDRESS			NAME STREE	E Et adoress					
CITY-ST-ZIP			CITY-	-ST-ZIP					
TITLE NAME		□ De	elete TITLE NAME	i			Change	Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADORESS ·ST-ZIP					
11. I hereby o	certify that the information supplied with the control of the cont	his filing does not	qualify for the eyer	motion stated in S	ection 119.0	07(3)(i), Florida Statutes. I further co	ertify that the ir	nformation	1
indicated limited liai	on this report is true and accurate and t bility company of the receiver or trustee	nat my signature st empowered to exe	nay have the same cate this report as	required by Chap	made under oter 608, Flo	oatn; that I am a managing meml rida Statutes.	er or manage	r of the	
CICNIAT	UPE Welliand	1 She				3/20/01 (954) 46	68 -791-	l.	
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING ME	MBER, MANAGER, OR	AUTHORIZED REPRESI	ENTATIVE	Date	Daytime Phone #		