

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 20, 2003 8:00 am
Secretary of State

06-20-2003 90001 017 ****50.00

DOCUMENT # L 99000000812

1. Entity Name

INNOVATION TECHNOLOGY PRODUCTS, L.L.C.



DO NOT WRITE IN THIS SPACE

10108051

2. Principal Place of Business

782 N.W. 42ND AVENUE

Suite, Apt. #, etc.

#430

City & State

MIAMI FLORIDA

Zip

33126

Country

USA

3. Mailing Address

782 N.W. 42ND AVENUE

Suite, Apt. #, etc.

#430

City & State

MIAMI FLORIDA

Zip

33126

Country

USA

4. FEI Number

65-0893399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LEONART LUIS

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

782 NW 42ND AVENUE

#430

City
MIAMI

FL

Zip Code
33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

6/10/03
DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME

S
CAVICHIO PERES, ROGERIO
RUA PEDRO BADRA 51 APT #92
SAO PAULO BRASIL 04348 090

TITLE
NAME

MGR
COSTA PERES FERNANDO
RUA FUNCHAL 513 CONJ 31 VILA OLIMPIA
SAO PAULO, SP BRASIL 04551-060

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Rogerio Cavichio Peres

6/16/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)