## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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UNIFORM BUSINESS REP	FILLO			
DOCUMENT # L99 00003026		02 APR 29 AM 11: 48		
International Export Import		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
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1333 N. DWW St. 1333	Nal St. 1333 N. Dwal St. Suite, Apr. #, etc.		DO NOT WRITE IN THIS SPACE	
Tallahassee, FL Talla	hassee, FL	4. FEI Number	Applied For	
Zip         Country         Zip           30300         30300	Country	5. Certificate of Status Desired .	\$5.00 Additional Fee Required	
		7. Name and Address of Current Registe		
DO NOT WRITE IN THIS SPACE  Name Street Address (		la Filing & Search P.O. Box Number is Not Acceptable)	h Services, Irc	
		N. Dwal St.		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City Tal		L 39309	
8. The above named entity submits this statement for the purpose of change	ging its registered office or registered	agent, or both, i n the State of Florda.	1	
SIGNATURE Signature, typed of period name of registered agent and title if applicable.		4/2	602	
FEE IS \$50.00				
Make Check Payable to Department of State DUE BY MAY 1				
9. MANAGING MEMBERS/MANAGERS			<u> </u>	
MAKE Andrey ZavraZhnov	TITLE NAME		600	
STREET ADDRESS SCREATE 897 150 00 Praha CITY-SI-ZIP CZECH Republic			Š	
TITLE MGR		9000053700192		
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CHY-ST-ZIP Czech Republic	CITY-ST-ZIP	•		
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NAME STREET ADDRESS	NAME ,	IN THIS SPA	CE	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS  CITY-ST-ZIP			
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11. Thereby certify that the information supplied with this filing does not explicate the averaging and the information supplied with this filing does not explicate the averaging the supplied with this filing does not explicate the averaging the supplied with this filing does not explicate the averaging the supplied with this filing does not explicate the averaging the supplied with this filing does not explicate the averaging the supplied with this filing does not explicate the averaging the supplied with the				
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 received or trusteet empowered to execute this report as required by Chapter 608, Florida Statu  I am a managing member or manager of the test.				
SIGNATURE M. Caruccio				
SIGNATURE NAME OF SIGNING MANAGING MI	EMBER, MANAGER, OR AUTHORIZED REPRES	. 4-34-02 30 SENTATIVE Date	2-43-5750 Daytime Phone #	

## FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

04-29-02

ACCOUNT NO:

FCA00000015

**AUTHORIZATION:** 

ABBIE/PAUL HODGE

TYPE OF FILING: UNIFORM BUSINESS REPORTS

NAME: 34 LIMITED LIABILITY COMPANIES

SPECIAL INSTRUCTIONS: NONE

\$1700.00

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RECEIVED

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