

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003094

1. Entity Name

PMC INTERNATIONAL LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 15 PM 2:00

Principal Place of Business

1591 E. ATLANTIC BLVD., STE 200  
POMPANO BEACH FL 33060

Mailing Address

1591 E. ATLANTIC BLVD., STE 200  
POMPANO BEACH FL 33060-6748

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

N/A

Applied F.  
Not Applic.

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTERNATIONAL COMPANY SERVICES (USA) INC

1591 E ATLANTIC BLVD STE 200  
POMPANO BEACH FL 33060

Name

Carlton Management, Inc.

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

1591 East Atlantic Blvd.  
Suite 200

City

Pompano Beach

FL

Zip Code

33060

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

4/15/00

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

900003258399--1  
-05/18/00--01134--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE MGRM  
NAME DUAILIBE, TATIANA D  
STREET ADDRESS SQN 211 - F-608  
CITY- ST- ZIP BRASILIA - DF BRAZIL ☐ Delete

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

TITLE MGRM  
NAME MORAES MAIA, MARIA C  
STREET ADDRESS SQN 211 - F-608  
CITY- ST- ZIP BRASILIA - DF BRAZIL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
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CITY- ST- ZIP ☐ Change ☐

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/14/00  
Date

954-943-1490  
Daytime Phone #