## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005126

1. Entity Name

ISCO TRAVEL SERVICES-U.S.A., L.L.C.



## DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business 3363 W. COMMERCIAL BLVD. Suite, Apt. #, etc. SUITE 202 City & State FT. LAUDERDALE, FL |  | 3. Mailing Address 504 TURKEY CREEK Suite, Apt. #, etc. City & State ALACHUA, FL |  |  |              |                |              |                |  |
|---|--|--|--|--|--------------|----------------|--------------|----------------|--|
|   |  |  |  |  | Zip<br>33309 | Country<br>USA | Zip<br>32615 | Country<br>USA |  |

O3 HAR 12 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

5. Certificate of Status Desired: 

\$5.00 Additional Fee Required

## DO NOT WRITE IN THIS SPACE

| 7. Name and Address of Current Registered Agent    |                   |  |  |  |  |  |
|--|-------------------|--|--|--|--|--|
| Name DAVID F. WRIGHT                               |                   |  |  |  |  |  |
| Street Address (P.O. Box Number is Not Acceptable) |                   |  |  |  |  |  |
| 3363 W. COMMERCIAL BLVD., STE. 202                 |                   |  |  |  |  |  |
| City FT. LAUDERDALE FL                             | Zip Code<br>33309 |  |  |  |  |  |

650940711

4. FEI Number

|                                       | e named entity submits this statement for the purpose of changing its tions of registered agent. | registered office or registered age                          | nt, or both, in the State of Florida. I am familiar with, and accept   |
|---------------------------------------|--|--|--|
| SIGNATURE                             | Signature, typed or printed name of registered agent and title il applicability                  | DAVID F. WRIGHT  | 01/29/03<br>DATE   |
|                                       | Make Check Payabl  | EE IS \$50.00<br>e to Florida Department of S<br>UE BY MAY 1 | State  |
| 9.                                    | MANAGING MEMBERS/MANAGERS  |  | and the second s |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM, DAVID F. WRIGHT<br>3363 W. COMMERCIAL BLVD., STE. 202<br>FT. LAUDERDALE, FL 33309          | TITLE NAME STREET ADDRESS CITY-ST-ZIP                        | <b>600013983996</b><br>03/12/0301022013 **55.00  |
| 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   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | TITLE NAME STREET ADDRESS CHY-ST-ZIP                         | IN THIS SPACE  |
| TITLE<br>NAME<br>STREET ADDRESS       |  | TITLE NAME STREET ADDRESS                                    | 2  |

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 eath; 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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NAME

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|-----|----|-----|----|---|

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

David F. Dug

DAVID F. WRIGHT, MGRM

1/29/03 Date 800-440-9444

Daytime Phone #

CR2E083B (12/0)