## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9900007026

1. Entity Name

JORDINA USA, LLC



## **FILED** Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90050 035 \*\*\*\*50.00

				[	WE THE	<b>'</b>				
Principal Pla	ice of Business		Mailing Address		<del>_</del>	1				
730 WEST MCNAB ROAD FT. LAUDERDALE FL 33309			730 WEST MCNAB ROAD FT. LAUDERDALE FL 33309							
2. Principal	Place of Business	<u>-</u>	3. Mailing Address	<del></del>		_				
Suite, Apt. #, etc.						1188	INDEN MEN DENIN ENERS MULLI NESSES	EBIRI BURIL BU	ill 1861 8 <b>8</b> 118	1 (1010 DIN 100)
Cano, Apr. II, etc.			Suite, Apt. #, etc.				CHECK HERE I	F MAKING	CHANGE	:S
City & State			City & State			4. FEI Nui	mber <b>65-0957369</b>	)	<del></del>	Applied For
Zip Country		·	Zip Count		/	5. Certific	ate of Status Desired		\$5.00 A	Not Applicable
	6. Name and Address	of Current F	legistered Agent			7. Name a	and Address of New Re		Fee Requi	red
SiR	OP, KEVIN	*	1 Carlos Carres	Çenir — es in	Name	٠				
730 WEST MCNAB ROAD FT. LAUDERDALE FL 33309			. Street Address			(P.O. Box Nun	(P.O. Box Number is Not Acceptable)			
rı.	LAUDERDALE FL 33308	j				·		<del>-</del> . <u>-</u>		<del></del>
					City			FL	Zip Cod	
8. The above the obligat	named entity submits this tions of registered agent.	statement for	the purpose of changing it	ts registered	office or registe	ered agent, or l	both, in the State of Flori	da. I am fa	ımiliar with	, and accept
SIGNATURE	asing an organization agonit.									·
	Signature, typed or printed name of	egistered agent an	d title if applicable. (NO	TE: Registered Aç	gent signature require	od when reinstating)		DATE		
			FILE N	IOW!!! FE	E IS \$50.00					
			Make Check Payat	ble to Flori	da Departme	ent of State				
9.	MANAGI	NG MEMBER	S/MANAGERS	ue By May	1, 2003					
TITLE	MGR	TO WEIVIBE	Delete	10.			ADDITIONS/C		=	
NAME	ELLMAN, LEON J		L Deigle	NAME					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	730 West McNab Ro Ft. Lauderdale Fl			STREET A						
TITLE			☐ Delete	TITLE	MGI	RM	<del></del>		Change	<b>X</b> Addition
NAME Street address				NAME	STEV	EN KAH	<b>~</b>	,	onlange	Addition
CITY-ST-ZIP				STREET AI	DDRESS 730	WEST MC	N NAB COAD			
TITLE	<u> </u>			CITY-ST-	Fr.	LAUDER	DALE, FL 33	309		
NAME	ومسيناها يعاون	. مسيدودو	Delete	TITLE .		•	to est estate of	[	☐ Change	☐ Addition
STREET ADDRESS				STREET AL				•		
TITLE	<u> </u>	<del></del>		CITY-ST-	ZIP					
NAME			☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS				STREET AD	ODRESS					
CITY-ST-ZIP				CITY-ST-2	1					
TITLE			☐ Delete	TITLE					Change	☐ Addition
IAME TREET ADDRESS				NAME				Ļ		Addition
STY-ST-ZIP				STREET AD	l l					
ITLE	<del></del>	<del></del>		CITY-ST-Z	TIP					
AME			☐ Delete	TITLE			<del></del>		Change	☐ Addition
TREET ADDRESS				NAME Street add	nness					
ITY-ST-ZIP				CITY-ST-Z	I					l
1. I hereby ce	rtify that the information su	oplied with this	s filing does not qualify for			olian 440 07(0)	//\ FI \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			

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 fustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

954-968-2333