

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

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90241 035 \*\*\*\*50.00

**DOCUMENT #** M01000002569

**1. Entity Name**

MASTER USA, LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

168 SE 1ST STREET

**3. Mailing Address**

168 SE 1ST STREET

Suite, Apt. #, etc.

SUITE 605

Suite, Apt. #, etc.

SUITE 605

DO NOT WRITE IN THIS SPACE

**City & State**  
MIAMI, FL

**City & State**  
MIAMI, FL

**4. FEI Number**

01-0644056

**Applied For**  
Not Applicable

**Zip**  
33131

**Country**

**Zip**  
33131

**Country**

**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**  
MIAMI CORPORATE SYSTEMS INC

**Street Address (P.O. Box Number is Not Acceptable)**  
283 CATALONIA AVENUE, 2nd FLOOR

**City**  
CORAL GABLES, FL **Zip Code**  
33134

**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.

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

**9. MANAGING MEMBERS / MANAGERS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM MISHAAN, SALOMON 2600 ISLAND BLVD. 1005 MIAMI, FL. 33160
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM AZIZA, JEAN P. CALLE LINARES #20 ESCALERA C PUERTA 9 46018 VALENCIA, ESPAÑA
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM SABA, ERIC PASEO DE L HONTANAR #1C-7 28223 POSUELO MADRID, ESPAÑA
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM LEVY, SALOMON EDF. CAVENDES SUITE 1304A CARACAS, VENEZUELA
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

**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:**

SALOMON MISHAAN

MARCH 27, 2002

305-933-2190

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

Date

Daytime Phone #

CR2E083B (12/01)