

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

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90328 001 *1,750.00

DOCUMENT # M01000002690
 1. Entity Name *Check #*
 NITRAM HOLDINGS, LLC *40580*

DO NOT WRITE IN THIS SPACE

95726

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>5321 HARTFORD ST.</i>		3. Mailing Address <i>PO Box 2968</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>TAMPA FL</i>		City & State <i>TAMPA FL</i>	
Zip <i>33619</i>	Country <i>USA</i>	Zip <i>33601</i>	Country <i>USA</i>
4. FEI Number <i>13-4197060</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGR STEVEN E. PLOTNICK 5321 HARTFORD ST. TAMPA FL SEE ATTACHED</i>	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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E083B (12/01)

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]* *6/12/02* *212-751-4229*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment
95724 2
#M0100002620

Nitram Holdings, LLC, a Delaware limited liability company

By: IBE Holdings, LLC, a Delaware limited liability company, its manager

By: IBE Trade Corporation, a Delaware corporation, its manager

By: Steven E. Plotnick, Chairman