LIMITÉD LIABILITY COMPANY UNIFORM BUSINESS BEPORT (UBR)

DOCUMENT # M01000002713

1. Entity Name

PHONE 1 SMART LLC

FILED Mar 05, 2002 8:00 am Secretary of State

03-05-2002 90018 007 ****50.00

DO NOT WRITE IN THIS SPACE

930594

							ยย	V O	UT	
2. Principal Pl	lace of Business	3. Mailing Address			7					
1000	Biscourse Blud.	170 Box	114	1009						
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE					
#2500	0				j					
City & State	9	City & State			4. FEIN			Ţ	Applied For	
Mian	ni - Ŧ1.	Miami-F	7		5	2-236265	4		Not Applicable	
Zip	Country	Zip	Count	ry	1		¢	5.00	Additional	
3313:	2 USA 33111 U		\ US	A	5. Certificate of Status Desired Fee Required					
						7. Name and Address of Current Registered Agent				
			ſ	Name						
DO NOT WRITE										
The state of the s					Street Address (P.O. Box Number is Not Acceptable)					
	IN THIS SF									
			ĺ						ĺ	
				City			FL	Zip (Code	
							<u> </u>	<u>L.</u>		
8. The above	named entity submits this statement for	r the purpose of changing its	s registere	d office or registe	ered agent,	or both, in the State of Flor	da.			
SIGNATURE _										
	Signature, typed or printed name of registered agent	and title if applicable.					DATE			
			FEE IS	\$50.00		,				
		Make Check Pa		-	of State				{	
		and the second s	DUE BY		V. V					
			DOL DI	70001 1						
9.	MANAGING MEMBE	RS/MANAGERS				,				
TITLE	Operative Manager Dario Etheuerry		TITLE						[5	
NAME	DARIO EMELLERAL		NAME						(5	
STREET ADDRESS	100 N Biscoyne Bl	1 11 25	STREE	T ADDRESS						
CITY-ST-ZIP	MIMI-FI 33183	oe, # ₹ 900	CITY-	ST-ZIP						
TITLE	VICE OPERATIVE MAN	NOE O	TITLE			·····			j	
NAME	Julio Chalmeta	-3	NAME						\ <u>\$</u>	
		1 05-0		T ADDRESS						
	100 N Biscaryne Dud	.#2500		ST-ZIP						
	M: 28:32									
TITLE	SECRETORY		TITLE	1						
NAME	Sharon RESnik		NAME						J	
STREET ADDRESS	100 N Biscoyne Blue Mismi-FI 33/32	1.#25∞		T ADDRESS 3	•	DO NOT V	NRIT	=		
CITY-ST-ZIP	Miami-FI 33/32	<u> </u>	CITY-	ST-ZIP	سند دخيوب د	DO NOI I	AIZII	<u> </u>		
TITLE	TREASURE		TITLE			IN THIS S	DAC		Í	
NAME	JOSE JARAHillo		NAME			IIA ILIIO O	THU		1	
STREET ADDRESS	100 0 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. H.2500	STREE	T ADDRESS					1	
CITY-ST~ZIP	100 N Biscarre Blue M: AM: -FI 33132	,	CITY-	ST-ZIP					+	
TITLE			TITLE							
NAME			NAME							
STREET ADDRESS				T ADDRESS					₹	
CITY-ST-ZIP				ST-ZIP						
										
TITLE			TITLE	1					į	
NAME			NAME						}	
STREET ADDRESS			16	T ADDRESS					1	
CITY-ST-ZIP			CHY-	ST-ZIP						
44 Ibaaalaa aa	مافتين البرائل مستريم السرافي مسترسك بالمرافع مسافي المتعارف	Abia Dilam da a a a a a musilifu fa		andia- seesad i- C	1 A A S A A A A A A	17/01/01 Flacials Occidence 14	0	44 6.44	the transmit of the	

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 received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

JRE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 02 20 03

<u>305-371-330</u>