2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000002321

1. Entity Name

C & I CERAMICS USA LLC

Disciplinate of Dustage



FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90121 012 ****50.00

| Suits, Apt. #, etc. City & State A. FEI Number 51-Q418781 Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable S. Certificate of Status Desired \$5.00 Additional Fee Required Net Applicable S. Certificate of Status Desired \$5.00 Additional Fee Required Net Applicable State Net Address of Current Registered Agent 7. Name and Address of New Registered Agent Name | | | | 1345 RIDGELAND PARKWAY, STE. 116 ALPHARETTA GA 30004 | | | | BAN NN BANKA NYAN BANN BAN | i 80) ii 45 iii 15 ii 1 | | I B.C. (1886) 1886 | |
|---|---|-----------------------------------|----------------------------|--|-----------------------------------|----------------------------|--------------------------|--------------------------------|-------------------------|---------------|----------------------|--|
| City & State | 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | |
| No. Applicable So. Outstown So. Certificate of Status Desired So. Outstown So. So. Outstown So. So. Outstown So. | Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| S. Name and Address of Current Registered Agent S. Certificate of Status Dealerd \$5.00 Additional \$60 Registered Agent Fige Required \$1.00 S. PINE ISLAND ROAD Fige Required Fig. Required F | City & State | e | | City & State | | | 4. FEI Num | nber 51-041878 | 1 | _ | | |
| B. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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. I am familiar with, and accept the octigations of registered agent and siller & acticative REGINATURE Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS / MANAGERS MILE ANGERMUCLLER, GERHAND OHER ANGERMUCLLER, GERHAND OHER ANGERMUCLLER, GERHAND OHER ARNO, PETER ARNO, | Zip | Country Zip | | Cour | ntry | | | | .00 Add | itional | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code | | 6. Name a | nd Address of Current F | Registered Agent | | | | | | | | |
| B. The above named entity submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Synature Synat | 1200 S. PINE ISLAND ROAD | | | | | | ess (P.O. Box Num | ber is Not Acceptable |) | | | |
| SIGNATURE Signature, typed or printed remot of registered agent and titled appeticable. (NOTE Registered Agent signature real/red when reretating) DATE | | | | | • | City | | | FL | Zip Códe | • | |
| Signature, typed or printed rame of registered agent and late applicable (NOTE: Registered Agent algoritate required when remaining) DATE | | | | the purpose of changing its | s register | ed office or reg | istered agent, or b | ooth, in the State of Flo | rida. I am fam | iliar with, | and accept | |
| ### FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 | | | | | | | quired when reinstating) | | DATE | | | |
| TITLE NAME ANGERMUELLER, GERHARD Delete NAME CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 43 STREET ADDRESS CITY-ST-ZIP CRAMICS GMBH & CO, KG, BAHNOFSTR. 4 | <u>a</u> | | MANAGING MEMBER | Make Check Payab | ole to Flue By M | orida Depart ay 1, 2003 | | ADDITIONS. | CHANGES | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STR | • | L NCD | | | | | | ADDITIONS | | 1 Change | Addition | |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | AREND, PE CERAMICS REDWITZ, | GMBH & CO, KG, BA | | NAM STRI | IE EET ADDRESS | | | |] Change | Addition | |
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| NAME STREET ADDRESS STREET ADDRESS | NAME STREET ADDRESS | | | ☐ Defete | NAM Stre | EET ADDRESS | | | Ē | Change | Addition | |
| 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 | NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby c | ertify that the in | nformation supplied with t | his filing does not qualify fo | NAM STRE CITY or the exe | EET ADDRESS -ST-ZIP | n Section 119.07(| 3)(i), Florida Statutes. | further certify | that the in | Addition | |