

2001 UNIFORM BUSINESS REPORT (UBR)

0015645 AF

DOCUMENT # M98000001400

1. Entity Name
NTI INTERNATIONAL LLC

FILED

01 APR 27 AM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
221 OLD DIXIE HIGHWAY, SUITE 1
TEQUESTA FL 33469

Mailing Address
221 OLD DIXIE HIGHWAY, SUITE 1
TEQUESTA FL 33469

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0839224

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIERSMA, JACK G
221 OLD DIXIE HIGHWAY, SUITE 1
TEQUESTA FL 33469

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM NOUVEAU TECHNOLOGIES INC. ☐ Delete
STREET ADDRESS 221 OLD DIXIE HIGHWAY, SUITE 1
CITY-ST-ZIP TEQUESTA FL 33469

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM BRUSKO, RICHARD J ☐ Delete
STREET ADDRESS 221 OLD DIXIE HWY., #1
CITY-ST-ZIP TEQUESTA FL 33469

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000004194150--0
CITY-ST-ZIP -05/10/01--01113--023
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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]*

4/28/01 861-525-4200

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

Date

Daytime Phone #

CR2E083 (11/00)