


FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90023 023 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

30052403

DOCUMENT # L00000009215			
1. Entity Name M&T INTERNATIONAL SERVICES, L.L.C.			
Principal Place of Business 536 BILTMORE WAY CORAL GABLES, FL 33134		Mailing Address 536 BILTMORE WAY CORAL GABLES, FL 33134	
2. Principal Place of Business 1290 WESTON RD		3. Mailing Address 1290 WESTON RD	
Suite, Apt. #, etc. SUITE 218		Suite, Apt. #, etc. SUITE 218	
City & State WESTON FL		City & State WESTON FL	
Zip 33326		Zip 33326	
Country FL		Country FL	
4. FEI Number 05-1028744		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CUEVAS, ANDREW ESQ. 536 BILTMORE WAY CORAL GABLES, FL 33134		7. Name and Address of New 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ (NOTE: Registered Agent's signature required when re-registering) DATE: _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 17, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE
NAME	MENDOZA, LINOFRANCISCO		NAME
STREET ADDRESS	636 BILTMORE WAY		STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGR	<input type="checkbox"/> Delete	TITLE
NAME	MENDOZA, FERNANDO		NAME
STREET ADDRESS	636 BILTMORE WAY		STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGR	<input type="checkbox"/> Delete	TITLE
NAME	DE MENDOZA, MAUREEN H		NAME
STREET ADDRESS	636 BILTMORE WAY		STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> 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 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 606, Florida Statutes.			
SIGNATURE: _____		Date: 04/07/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

CR2E033 (10/02)