2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State
04-01-2002 90726 005 ****55.00

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DOCUMENT # L00000008737

1. Entity Name
RAVIC INTERNATIONAL, L.L.C.

Principal Place of Business	Mailing Address
1430 BRICKELL BAY DRIVE, SUITE 607 MIAMI FL 33131	1430 BRICKELL BAY DRIVE, SUITE 607 MIAMI FL 33131

B00054596

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1026241 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ARZA, ALBERTO R
1430 BRICKELL BAY DRIVE, SUITE 607
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name ALBERTO RAVACHI ARZA
Street Address (P.O. Box Number is Not Acceptable) 1430 BRICKELL DRIVE, SUITE 607
A MIAMI, FL 33131
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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARZA, ALBERTO RAVACHI 1430 BRICKELL BAY DRIVE, SUITE 607 MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/01)

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 REQUIRED ALBERTO RAVACHI 954-430 4109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #