

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008737

1. Entity Name

RAVIC INTERNATIONAL, L.L.C.

Principal Place of Business

1430 BRICKELL BAY DRIVE, SUITE 607
MIAMI FL 33131

Mailing Address

1430 BRICKELL BAY DRIVE, SUITE 607
MIAMI FL 33131

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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 BAY 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

TITLE MGR
NAME ARZA, ALBERTO RAVACHI
STREET ADDRESS 1430 BRICKELL BAY DRIVE, SUITE 607
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

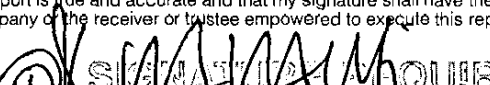
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 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

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

Date

Daytime Phone #

954-430 4109

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90726 005 ****55.00

B0054596



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1026241

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

CR2E083 (9/01)

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