

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015709

1. Entity Name

BBB INTERNATIONAL, LLC

FILED

01 MAR -9 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1939 BROADLEAF COURT  
WINDERMERE, FL 34786

2. Principal Place of Business

3. Mailing Address

1939 Broadleaf Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

WINDERMERE, FL

4. FEI Number

Applied For

59-3686843

Not Applicable

Zip

Country

Zip

Country

34786

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

FRANK I. Sicoli  
1939 BROADLEAF COURT  
WINDERMERE, FL 34786

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

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

500003891185--0

-03/21/01--01107--006

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME: FRANK I. Sicoli, MGRM.  
STREET ADDRESS: 1939 BROADLEAF Ct.  
CITY-ST-ZIP: WINDERMERE, FL 34786

Change  Addition

TITLE NAME:  Delete  
STREET ADDRESS:  
CITY-ST-ZIP:

Change  Addition

TITLE NAME:  Delete  
STREET ADDRESS:  
CITY-ST-ZIP:

Change  Addition

TITLE NAME:  Delete  
STREET ADDRESS:  
CITY-ST-ZIP:

Change  Addition

TITLE NAME:  Delete  
STREET ADDRESS:  
CITY-ST-ZIP:

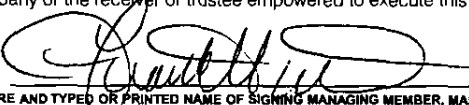
Change  Addition

TITLE NAME:  Delete  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02-09-01 407-345-0004

Date

Daytime Phone #

CR2E083 (11/00)