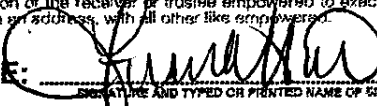


FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90001 004 ****50.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000015709			
1. Entity Name BBB INTERNATIONAL, LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1939 BROADLEAF CT.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WINDERMERE FL		City & State	
Zip 34786	Country	Zip	Country
4. FEI Number 59-3686843		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name FRANK I SICOLI			
Street Address (P.O. Box Number is Not Acceptable) 1939 BROADLEAF COURT			
City WINDERMERE		FL	Zip Code 34786
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER FRANK I SICOLI 1939 BROADLEAF CT. WINDERMERE FL 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		FRANK I SICOLI 6.22.03 407-291-1780	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR20034B (12/02)