

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90042 034 \*\*\*\*55.00

**DOCUMENT # L01000006793**

1. Entity Name

**MMB INTERNATIONAL, L.L.C.**

Principal Place of Business

536 BILTMORE WAY  
 CORAL GABLES FL 33134

Mailing Address

536 BILTMORE WAY  
 CORAL GABLES FL 33134

24750

2. Principal Place of Business

6555 NW 36th STREET

3. Mailing Address

6555 NW 36th STREET

Suite, Apt. #, etc.

SUITE 300-1

Suite, Apt. #, etc.

SUITE 300-1

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1099191

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required



DO NOT WRITE IN THIS SPACE

8. 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.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	UBALDO MEYER, GUILLERMO JOAQ	536 BILTMORE WAY CORAL GABLES FL 33134		<input type="checkbox"/>
MGRM	MEYER, GUILLERMO MARI	536 BILTMORE WAY CORAL GABLES FL 33134		<input type="checkbox"/>
MGRM	BELITY, AMRAM M	536 BILTMORE WAY CORAL GABLES FL 33134		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	Guillermo J. MEYER	9725 NW 57 ST #114 MIAMI FL 33178		<input type="checkbox"/>	<input type="checkbox"/>
MGRM	MEYER, Guillermo Mario	4818 NW 116 AVE MIAMI FL 33178		<input type="checkbox"/>	<input type="checkbox"/>
MGRM	BELITY, AMRAM M.	9725 NW 57 ST #114 MIAMI FL 33178		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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**

**FEB 13 2002**

786

295 4625

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

Date

Daytime Phone #