2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90074 031 ****50.00

DOCUMENT # L01000013919

1. Entity Name

FORTUNE INTERNATIONAL AVENTURA, LLC ✓

Principal Place of Business	Mailing Address
240 CRANDON BOULEVARD. SUITE 101 KEY BISCAYNE FL 33149	240 CRANDON BOULEVARD. SUITE 101 KEY BISCAYNE FL 33149

956420

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
18660 Collins Ave.		1300 Brickell Ave	
Suite, Apt. #, etc.: 107		Suite, Apt. #, etc.	
City & State: Sunny Isles, FL		City & State: Miami, FL	
Zip: 33160	Country	Zip: 33131	Country

4. FEI Number: 80-0002733 ☐ Applied For ☐ Not Applicable

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
DE VARONA, RAUL J 145 MADEIRA AVENUE, SUITE 310 CORAL GABLES FL 33134	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			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DEFORTUNA, EDGARDO		NAME		
STREET ADDRESS	240 CRANDON BOULEVARD SUITE 101		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL 33149		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: ______ 4/22/02 (305) 351-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #