

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90026 029 ****50.00

DOCUMENT # L02000011979

1. Entity Name
F & C INTERNATIONAL INVESTMENTS, LLC



Principal Place of Business Mailing Address

2307 DOUGLAS RD **2307 DOUGLAS RD**
400 **400**
MIAMI FL 33145 **MIAMI FL 33145**
US **US**


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

20023072



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
04-3671413 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

OVIES, IDA C
2307 DOUGLAS RD
400
MIAMI FL 33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	FORUMENTEL, CARLOS J	AV SANTA FE 9 PISO, DEPTO A	BUENOS AIRES BA 1425	<input type="checkbox"/>
MGRM	GARCIA FOURMENTEL, NOEMI J	AV SANTA FE 9 PISO, DEPTO A	BUENOS AIRES BA 1425	<input type="checkbox"/>
MGRM	FOURMENTEL, FEDERICO G	AV SANTA FE 9 PISO, DEPTO A	BUENOS AIRES BA 1425	<input type="checkbox"/>
MGRM	FOURMENTEL, MARIA C	AV SANTA FE 9 PISO, DEPTO A	BUENOS AIRES BA 1425	<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
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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** **1/31/03** **305 447 8801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)