

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90105 028 \*\*\*\*50.00

**DOCUMENT # L02000023545**



1. Entity Name  
**SERVICE INTERNATIONAL GROUP, LLC**

Principal Place of Business  
**8540 S.W. 48 ST.  
MIAMI FL 33155**

Mailing Address  
**8540 S.W. 48 ST.  
MIAMI FL 33155**

60014021



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**320034007**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DUNKLEY, LINDSAY  
8540 S.W. 48 ST.  
MIAMI FL 33155**

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

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Johann Birata	8540 S.W. 48th St.	Miami, FL 33155	<input type="checkbox"/>
Vice President	Nicolas P. Leiva	8540 S.W. 48th St.	Miami, FL 33155	<input type="checkbox"/>
	Alfredo Crespo	8540 S.W. 48th St.	Miami, FL 33155	<input type="checkbox"/>
	Julio Quiroz	8540 S.W. 48th St.	Miami, FL 33155	<input type="checkbox"/>
	Fernando De Luca	8540 S.W. 48th St.	Miami, FL 33155	<input type="checkbox"/>
	Juan Siciliano	8540 S.W. 48th St.	Miami, FL 33155	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Salvador Siciliano	8540 S.W. 48th St.	Miami, FL 33155	<input type="checkbox"/>	<input checked="" 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**

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

Date

Daytime Phone #

Jan 8/2003 305  
3056103

CR2E083 (10/02)