

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90020 001 ***150.00

DOCUMENT # L02000015199

1. Entity Name

PARDO INTERNATIONAL INVESTMENTS, LLC



Principal Place of Business

17560 ATLANTIC BLVD.
BUILDING #2, SUITE 215
SUNNY ISLES FL 33160

Mailing Address

17560 ATLANTIC BLVD.
BUILDING #2, SUITE 215
SUNNY ISLES FL 33160

2. Principal Place of Business

3401 NORTH Country CLUB DR.

3. Mailing Address

3401 NORTH Country CLUB DR.

Suite, Apt. #, etc.

816

Suite, Apt. #, etc.

816

City & State

Adventure

City & State

Adventure

Zip

33180

Country

FL

Zip

33180

Country

FL



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0722715

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRISALES-RACINI, OSCAR
1001 BRICKELL BAY-DRIVE
SUITE 2600
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
GRISALES-RACINI, OSCAR
Street Address (P.O. Box Number is Not Acceptable)
12550 BISCAYNE BLVD
SUITE 405
City
NORTH Miami FL Zip Code
33181

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARDO, NORBERTO H 17560 ATLANTIC BLVD. SUNNY ISLES FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARDO, NORBERTO H 3401 NORTH Country CLUB Drive, # 816 Adventure, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/01/03

(305) 895-1313

Date

Daytime Phone #

CR2E083 (10/02)

0019688