

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90763 004 \*\*\*\*50.00

DOCUMENT # L01000007144

1. Entity Name

ESABEL INTERNATIONAL COMPANY LLC



**DO NOT WRITE IN THIS SPACE**

30049622

2. Principal Place of Business

3. Mailing Address

3204 NE 36 ST

3204 NE 36 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#5

#5

City & State

City & State

FT LAUDERDALE, FL

FT LAUDERDALE, FL

Zip

Country

Zip

Country

33308

BROWARD

33308

BROWARD

4. FEI Number

Applied For

65-1104472

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ALVARO CASTILLO B.P.A.

Street Address (P.O. Box Number is Not Acceptable)

1390 BRUCKER AVE #200

City

MIAMI

FL

Zip Code 33131

**DO NOT WRITE IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GARCIA EUGENIO J 3204 NE 36 ST FT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SUAREZ, ROGELIO 3204 NE 36 ST FT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BERTAD B. MARIA JUANA 3204 NE 36 ST FT LAUDERDALE, FL 33308
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**DO NOT WRITE IN THIS SPACE**

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

Date

Daytime Phone #

ROGELIO SUAREZ 3/06/03 (954) 5684141

CR2E083B (12/02)