

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000000182**

1. Entity Name
D & Y INTERNATIONAL, LLC

Principal Place of Business Mailing Address
2324 NW 5 AVE. 2324 NW 5 AVE.
MIAMI FL 33127 MIAMI FL 33127

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

4. FEI Number **65-0973789** Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FULLER BECHNAINOU, DEANNA
2324 NW 5 AVE.
MIAMI FL 33127

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME	DeAnna Fuller Bechnainou <input type="checkbox"/> Delete
STREET ADDRESS	2324 NW 5th AVE
CITY-ST-ZIP	Miami, FL 33127
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE NAME	DeAnna Fuller Bechnainou <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2324 NW 5th AVE
CITY-ST-ZIP	Miami, FL 33127
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	BK
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	500004422915--6
CITY-ST-ZIP	-06/15/01--01080--011
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	*****55.00
CITY-ST-ZIP	*****55.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *DeAnna Fuller Bechnainou* 4/25/01 305-576-0884

0008394 AF

FILED
01 JUN -5 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E083 (11/00)