

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002935

1. Entity Name
VENVAL TRADING INTERNATIONAL, L.L.C.

Principal Place of Business
4440 N.W. 73RD AVE.
CCS-1328
MIAMI FL 33166

Mailing Address
4440 N.W. 73RD AVE.
CCS-1328
MIAMI FL 33166

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

☒ Applied For
☐ Not Applicable

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

CUEVAS, ANDREW ESQ.
9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156

Name

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

City

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

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PETRAITIS, RAFAEL ERNESTO
4440 N.W. 73RD AVE.
MIAMI FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PETRAITIS, HENRIKAS
4440 N.W. 73RD AVE.
MIAMI FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300004342233-3
-06/05/01--01085--026
*****58.75 *****58.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PETRAITIS, RICARDO JOSE
4440 N.W. 73RD AVE.
MIAMI FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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

Date

Daytime Phone #

FILED

01 MAY -7 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

RECEIVED
DEPT. OF REVENUE
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