

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 21, 2001 08:00 AM
Secretary of State****DOCUMENT # L00000004275****1. Entity Name**
CARUBA INTERNATIONAL, LLC

Principal Place of Business	Mailing Address
MERCEDES PARKVIEW BLDG. 1876 N. UNIVERSITY DR. SUITE 307-B PLANTATION FL 33322	MERCEDES PARKVIEW BLDG. 1876 N. UNIVERSITY DR. SUITE 307-B PLANTATION FL 33322

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
65-0998054	Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DRIVE CLEARWATER FL 33761 US	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)	08/21/2001

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	MGR SHEW-A-TJON IVAN F 18720 NW 3 COURT PEMBROKE PINES FL 33029 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:	Mgr.	Date	Daytime Phone #
Ivan F. Shew-A-Tjon		08/21/2001	

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

CR2E083 (11/00)