

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90061 042 ****50.00

DOCUMENT # L00000005214

1. Entity Name

DIMOR INTERNATIONAL, L.L.C.

Principal Place of Business

**8918 COLLINS AVENUE, SUITE 4
 SURFSIDE FL 33154**

Mailing Address

**8918 COLLINS AVENUE, SUITE 4
 SURFSIDE FL 33154**

2. Principal Place of Business

9369 FOUNTAINBLEAU BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33172

Country

DADE

Zip

33172

Country

FL

4. FEI Number

65-1004897

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **WILSON SALOM**
 Street Address (P.O. Box Number is Not Acceptable) **9369 FOUNTAINBLEAU BLVD.**
SUITE J211
 City **MIAMI** **FL** Zip Code **33172**

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 *Wilson Salom*

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **MORILLO, DIANA**
 CITY-ST-ZIP **8918 COLLINS AVENUE, SUITE 4
 SURFSIDE FL 33154**

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **SALOM, WILSON**
 CITY-ST-ZIP **CALLE 15, BIS #37-21, APARTAMENTO 402
 SANTA FE DE BOGOTA, COLUMBIA**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME **VP/S**
 STREET ADDRESS **DIANA MORILLO**
 CITY-ST-ZIP **9369 FOUNTAINBLEAU BLVD., #J211
 MIAMI, FL. 33172**

TITLE ☒ Change ☐ Addition
 NAME **PIT**
 STREET ADDRESS **WILSON SALOM**
 CITY-ST-ZIP **9369 FOUNTAINBLEAU BLVD., #J211
 MIAMI, FL. 33172**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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)(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 #

1/21/02 *220-0853*

0010150

CR2E083 (9/01)