FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91004 027 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30063013

DOCUMENT # L00000005214

1. Entity Name
DIMOR INTERNATIONAL, L.L.C.

Principal Place of Business	Mailing Address
9369 FOUNTAINBIERAU BLVD 124 MIAMI, FL 33172	8918 COLLINS AVENUE, SUITE 4 SURFSIDE, FL 33154

2. Principal Place of Business		3. Mailing Address	
1065 East 21 St		9357 Fountainebleau blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. d-205	
City & State Hialeah - FL		City & State Miami - FL	
Zip 33013	Country U.S.A	Zip 33172	Country U.S.A

☒ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
WILSON, SALOM 9369 FOUNTAINBLEAU BLVD STE J211 MIAMI, FL 33172	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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS MORILLO, DIANA 9369 FOUNTAINBLEAU BLVD., #J211 MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS Morillo, Diana 9357 Fountainebleu blvd d-205 Miami - FL - 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT SALOM, WILSON 9369 FOUNTAINBLEAU BLVD., J211 MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT Solon, wilson 9357 Fountoinebleu blvd d-205 miami - FL - 33172	☒ 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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CR2E083 (10/02)

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: Wilson Salon 786-337-6699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #