

2001 UNIFORM BUSINESS REPORT (UBR)

UBR 2001

DOCUMENT # **L00000007605**

1. Entity Name

DOUS INTERNATIONAL IMPORT-EXPORT, L.L.C.

FILED

01 APR -2 PM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1495 MIRA VISTA CIRCLE WESTON FL 33327	Mailing Address 1495 MIRA VISTA CIRCLE WESTON FL 33327
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROUSSEAU, EDUARDO D
1495 MIRA VISTA CIRCLE
WESTON FL 33327**

7. Name and Address of New Registered Agent

Name **EDUARDO DOUSDEBES**
Street Address (P.O. Box Number is Not Acceptable) **1495 MIRAVISTA CIRCLE**
City **WESTON** FL Zip Code **33327**

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 **600003992296--2**
-04/11/01--01058--025
***150.00 ***150.00

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

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME MGR ROUSSEAU, EDUARDO D STREET ADDRESS 1495 MIRA VISTA CIRCLE CITY-ST-ZIP WESTON FL 33327	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME MGR DOUSDEBES EDUARDO STREET ADDRESS 1495 MIRAVISTA CIRCLE CITY-ST-ZIP WESTON, FL 33327	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME V-PRESIDENT EDUARDO DOUSDEBES C. STREET ADDRESS 1495 MIRAVISTA CIRCLE CITY-ST-ZIP WESTON FL 33327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME TREASURER MAURICIO DOUSDEBES C. STREET ADDRESS 1495 MIRA VISTA CIRCLE CITY-ST-ZIP WESTON FL 33327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME TREASURER JAVIER DOUSDEBES C. STREET ADDRESS 1495 MIRA VISTA CIRCLE CITY-ST-ZIP WESTON, FL 33327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME PRESIDENT SUSANA CORREA STREET ADDRESS 1495 MIRA VISTA CIRCLE CITY-ST-ZIP WESTON, FL 33327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E083 (11/00)