2001	<b>UNIFORM</b>	<b>BUSINESS</b>	<b>REPORT</b>	(UBR)
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DOUS INTERNATIONAL IMPORT-EXPORT									*		
	DOUS INTERNATIONAL IMPORT-EXPORT, L.L.C.					FILED					
Principal Place of Business Mailing Address					01 APR -2 PM 8:48						
1495 MIRA VISTA CIRCLE 149	Mailing Address  1495 MIRA VISTA CIRCLE WESTON FL 33327			SECRETARY OF STATE TALLAHASSEE, FLORIDA							
							MONGGEL, III <b>i i</b> i i i i i i i i i i i i i i i i i	ELONIGA III <b>siii isii</b> s IIII	# <b># 6   1</b>   <b>1   1   1   1</b>		
2. Principal Place of Business 3. Ma	3. Mailing Address										
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE							
City & State City & State					4. FEIN	lumber		<del></del>	pplied For		
Zip -Country - Zip	)	- Countr	у	·	5 Certi	ficate of Status D	esired _	\$5.00 Ad	ditional		
6. Name and Address of Current Register	ed Agent		Mana		7. Name	e and Address o	f New Registere	<u>.</u>			
DOUGOEAU EDIMADO D					ARI		OUSDEB	ES			
ROUSSEAU, EDUARDO D 1495 MIRA VISTA CIRCLE			Street A	ddress (F		lumber is Not Acc	ceptable) CIRCLE	· 	·		
WESTON FL 33327						•					
					3T01	N	F	Zip Cod	e 83327		
8. The above named entity submits this statement for the purp	oose of changing it	ts registered				or both, in the Sta	te of Florida.				
SIGNATURE Signature, bycood or printed name of registered agent and title if ap	glizanta (NO	VI. Caritana d	• • · · · · · · · · · · · · · · ·			-0	0399; 4/11/01-	-01058	025		
Signature, typed or printed name of registered agent and title if ap		TE: Registered A			vhen reinstati	19)	****15 <u>094</u> 8	[] 米米米年]	.50.00		
	FILE N Make Check P	IOW!!! Fil ayable to	-		State				ŀ		
9. MANAGING MEMBERS/MEN	MBERS	10.	<u>.                                    </u>				TIONS/CHANGI	-Q			
TITLE MGR	Delete	TITLE		MG	R				Addition		
NAME STREET ADDRESS ROUSSEAU, EDUARDO D		NAME Street	ADDRESS	PO	יַפאי	EDES E	COPPUPE COPPUPE		}		
CITY-ST-ZIP 1495 MIRA VISTA CIRCLE WESTON FI 33327		CITY-S	, 10011,200	144.	וא ני	KHIVISTB	33327		_		
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CITY-ST-ZIP		CITY-S1	T-ZIP	WIL	2020	- F(	<u>, 3332</u>				
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STREET ADDRESS CITY-ST-ZIP		STREET .	ADDRESS	749	Z H	The vist	1) Cindle	=			
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CITY-ST-ZIP		CITY-ST	address Zip	WE	א כּדנׄ א כּדנֿ	- EL	3252	) }			
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NAME STREET ADDRESS		NAME STREET	ADDRESS								
CITY-ST-ZIP		CITY-ST	~Z!P								
<u> </u>		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.									
indicated on this report is true and accurate and that my s	onature shall have.	the same le	adal effec	tas it ma	de under	nath that I am a	atutes. I further co managing memb	ertify that the in per or manager	formation of the		