

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91188 032 \*\*\*\*55.00

**DOCUMENT # L00000011188**

1. Entity Name

**COLUMBUS INTERNATIONAL TRADING L.L.C.**

Principal Place of Business

19833 N.W. 87TH CT.  
 MIAMI FL 33018

Mailing Address

19833 N.W. 87TH CT.  
 MIAMI FL 33018

2. Principal Place of Business

3. Mailing Address

**Miami**  
 Suite, Apt. #, etc.

**18801 NW 88th Ct**  
 Suite, Apt. #, etc.

**18801 NW 88th Ct**

City & State  
**Miami FL**

City & State  
**Miami, FL**

Zip  
**33018**

Country  
**USA**

Zip  
**33018**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0139683**

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

**VENUS JURI**  
**19833 N.W. 87TH CT.**  
**MIAMI FL 33018**

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

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR JURI, VENUS 19833 N.W. 87TH CT. MIAMI FL 33018</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR NIETO, CLAUDIA 19773 N.W. 87TH CT. MIAMI FL 33018</b>	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**04-30-02. (305) 820 833**

CR2E083 (9/01)