

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY 11 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000011750
1. Entity Name
BECKLEY INTERNATIONAL, LLC

Principal Place of Business: 328 MINORCA AVENUE, SECOND FLOOR, CORAL GABLES FL 33134
Mailing Address: 328 MINORCA AVENUE, SECOND FLOOR, CORAL GABLES FL 33134

2. Principal Place of Business: 2600 DOUGLAS ROAD, PH 6
3. Mailing Address: 2600 DOUGLAS ROAD, PH 6

City & State: CORAL GABLES, FL

Zip: 33134, Country: USA

4. FEI Number: 65-1044012
Applied For: Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ORTIZ, MICHAEL ESQ.
328 MINORCA AVENUE, SECOND FLOOR
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name: **ORTIZ, MICHAEL**
Street Address (P.O. Box Number is Not Acceptable): 2600 DOUGLAS ROAD
PH 6
City: CORAL GABLES, FL Zip Code: 33134

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: MICHAEL ORTIZ DATE: 4/30/01
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 Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M YIDI, CARLOS <input type="checkbox"/> Delete 6942 N.W. 50th STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M YIDI, CARLOS E. <input type="checkbox"/> Delete 6942 N.W. 50th STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M YIDI, ANDRES <input type="checkbox"/> Delete 6942 N.W. 50th STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M YIDI, WILLIAM <input type="checkbox"/> Delete 6942 N.W. 50th STREET MIAMI, FL 33166
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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200004383322-2 -06/08/01--01079--014 *****50.00 *****50.00
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
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: MEMBER DATE: 3/30/01 305 476 2400
Signature and typed or printed name of signing managing member, manager, or authorized representative Daytime Phone #