

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0008721

**DOCUMENT # L00000011886**

1. Entity Name

**JV INTERNATIONAL INVESTMENTS, L.L.C.**

03-29-2002 91213 004 \*\*\*\*50.00

Principal Place of Business

**2050 CORAL WAY, SUITE 305  
 MIAMI FL 33145**

Mailing Address

**2050 CORAL WAY, SUITE 305  
 MIAMI FL 33145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1074526**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SALAZAR, LISETTE P ESQ.  
 1390 BRICKELL AVENUE, SUITE 200  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name  
**JORGE H. VELILLA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2050 SW 22ND ST.  
 SUITE 305**  
 City **MIAMI** FL Zip Code **33145**

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

**JORGE H. VELILLA** **03/15/02**

Signature, handwritten 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

TITLE **MGR** **PLEASE CORRECT** ☐ Delete  
 NAME **VELILLA, JORGE H** **VELILLA**  
 STREET ADDRESS **2050 CORAL WAY, SUITE 305**  
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE **MGR** ☐ Delete  
 NAME **DE VELILLA, PATRICIA P**  
 STREET ADDRESS **2050 CORAL WAY, SUITE 305**  
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**JORGE H. VELILLA (MGR)**

**03/15/02**

**305 858-7133**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)