



04-30-2003 90193 020 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

30064127

DOCUMENT # L0000012650			
1. Entity Name <b>VENEZOLANA DE IMPORTACION/EXPORTACION          (VENEXIM), L.L.C.</b>			
Principal Place of Business 169 EAST FLAGLER STREET 1534 MIAMI, FL 33128		Mailing Address % SOUTH BROWARD ACCOUNTING SERVICE, INC. 1152 N UNIVERSITY DRIVE, SUITE 202 HOLLYWOOD, FL 33064	
2. Principal Place of Business		3. Mailing Address <i>Gloria Franco</i>	
State, Apt. #, etc.		State, Apt. #, etc. <i>10723 NW 58 ST # 104</i>	
City & State		City & State <i>MIAMI - FL</i>	
Zip	Country	Zip	Country
<i>33128</i>		<i>33128</i>	<i>FL</i>
4. FEI Number <b>65-1053437</b>		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 <b>FRANCO, GLORIA          169 EAST FLAGLER STREET          #1534          MIAMI, FL 33128</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required when administering)</small>			
			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM FRANCO, GLORIA 169 EAST FLAGLER STREET, #1534 MIAMI, FL 33128	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete	<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)(f), 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 808, Florida Statutes.			
SIGNATURE: <i>Gloria Franco</i>		Date: <i>4/28/03</i> 305-960-1112	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

CR2ED03 (10/02)