2001	UNIFORM	BUSINESS	REPORT (UBR)	
2001		DOUINEGO	HEROLLI (ODIN)	

DOCUMENT # L0000012667 1. Entity Name MEJI INTERNATIONAL, LLC						FILED					
Principal Place of Business 11726 SW 108TH CT MIAMI FL 33176		Mailing Address 11726 SW 108TH CT MIAMI FL 33176			O1 MAR 26 AM 1:51 SECRETARY OF STATE TAIL AHASSEE, FLORIDA						
2. Principal Place of Business		3. Mailing Address				3 0 00 05 20 0	611 601 601 				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Numt	. 10230	8 J	<u> </u>	plied For t Applicable]	
Zip Country		Zip Cour		ry			\$5.00 Add Fee Required	.00 Additional Required			
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and	d Address of New F	Registered				
SIMONS, 9700 S D SUITE 10	•	and the second second		Street Address	s (P.O. Box Numb	er is Not Acceptable	e)				
MIAMI FL				City		- :	FL	Zip Code	9		
8. The above	named entity submits this statement Boas Signature, typed or printed name of registered ager	n and title if applicable. (NOT	E: Registered	Agent signature requi	red when reinstating)	in, in the State of Fit	3 a a	101			
9.	MANAGING MEM	BERS/MEMBERS	10.	1		ADDITIONS	/CHANGES	Change	Addition	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President David Leibourte 11728 SW 10814 CF MIEMI, FI 3317	□ Delete					-	Change	Addition	011000 /11/0	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete		1	4	-04/04 +****	959 /010 50.00	Change 13 44 - 1081(*****	Addition 344 50.00	Ç	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY-	ET ADDRESS ST-ZIP				☐ Change	☐ Addition		
indicated	certify that the information supplied wi	at also ming does not qualify to dishet my signature shall have	the came	npuon sialtu III Llonal offect se i	f made under oat	n,, i longe otellies. h-that I am a mana	aina memh	er or manage	r of the	1	

indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I a 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