

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90008 031 ****50.00

DOCUMENT # L00000014113

1. Entity Name

COMEX INTERNATIONAL, USA, L.L.C. ✓

Principal Place of Business

7815 SW 97 PLACE
 MIAMI FL 33173

Mailing Address

7815 SW 97 PLACE
 MIAMI FL 33173

2. Principal Place of Business

2690 S. STATE RD 7

Suite, Apt. #, etc.

3. Mailing Address

2690 S. STATE RD 7

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

MIRAMAR FL

4. FEI Number

65-1103829

Applied For

Not Applicable

Zip

33023

Country

USA

Zip

33023

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PERDOMO, MICHELLE L P.A.
 100 NORTH BISCAYNE BLVD., SUITE 3000
 MIAMI FL 33132

7. Name and Address of New Registered Agent

Name

NO. CHUL SU

Street Address (P.O. Box Number is Not Acceptable)

1470 S.W. 101 TERR, # 4-304

City

PEMBROKE PINES

FL

Zip Code

33025

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 of person or persons name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

APR 11/12 - 2002

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
 NAME SU NO. CHUL
 STREET ADDRESS 821 S.W. 89 TERRACE
 CITY-ST-ZIP PLANTATION FL 33324

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE PDS ☒ Change ☒ Addition
 NAME NO. CHUL SU
 STREET ADDRESS 1470 S.W. 101 TERR, # 4-304
 CITY-ST-ZIP PEMBROKE PINES FL 33025

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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 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:

[Signature]

SIGNATURE REQUIRED

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

Date

Daytime Phone #

APR 11/12 - 2002 954 843-0843

CR2E083 (9/01)