

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUM#-L00000014812

1. Entity Name
PRENTIGE INTERNATIONAL, L.L.C.



Principal Place of Business
901 PONCE DE LEON BLVD
SUITE 603
CORAL GABLES FL 33134

Mailing Address
901 PONCE DE LEON BLVD
SUITE 603
CORAL GABLES FL 33134

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. Fee Number 65-1060444

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ALBORNOZ, WILLIAM H
901 PONCE DE LEON BLVD
SUITE 603
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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.

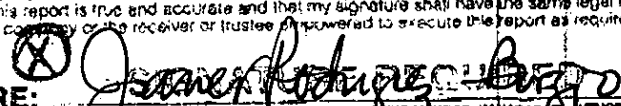
SIGNATURE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered agent's signature required when renouncing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ-BORGIO, JAVIER 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 the report as required by Chapter 608, Florida Statutes.

SIGNATURE:  4/20/03 (205) 444-1741

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING REGISTERED MEMBER, MANAGING MEMBER, AUTHORIZED REPRESENTATIVE

Daytime Phone #

CRZE063 (10/02)