

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015709

1. Entity Name

BBB INTERNATIONAL, LLC

Principal Place of Business

Mailing Address

1939 BROADLEAF COURT
WINDERMERE, FL 34786

2. Principal Place of Business

1939 BROADLEAF CT

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

WINDERMERE, FL

Zip

Country

Zip

Country

34786

4. FEI Number

59-3686843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANK I. SICOLI
1939 BROADLEAF COURT
WINDERMERE, FL 34786

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.

SIGNATURE

Signature, typed or printed 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

500003891185--0

-03/21/01-01107-006

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
FRANK I. SICOLI, MGRM.
1939 BROADLEAF CT.
WINDERMERE, FL 34786

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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

02-09-01 407-345-0004

Date

Daytime Phone #

CR2E083 (11/00)