

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

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90020 040 \*\*\*\*55.00

DOCUMENT # L01000000100

1. Entity Name

PROMINVEST INTERNATIONAL, LLC



**DO NOT WRITE IN THIS SPACE**

00040001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1580 SAWGRASS CORPORATE PARK

3. Mailing Address

4358 MAHOGANY RIDGE DR

Suite, Apt. #, etc.

SUITE 130

Suite, Apt. #, etc.

City & State

SUNRISE, FLORIDA

City & State

WESTON, FLORIDA

Zip

33323

Country

U.S.A

Zip

33331

Country

U.S.A

4. FEI Number

65-1071533

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DARIO LAGUNA

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

4358 MAHOGANY RIDGE DR

City

WESTON

FL

Zip Code

33331

**DO NOT WRITE  
IN THIS SPACE**

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

*Dario Laguna*

Signature, typed or printed name of registered agent and fee if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BETELLEUSE MARITIMA-BETELHAR, C.A  
1580 SAWGRASS CORPORATE PARK, SUITE 130  
SUNRISE, FLORIDA, 33323

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DARIO JOSE LAGUNA  
4358 MAHOGANY RIDGE DR  
WESTON, FLORIDA 33331

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Dario Laguna*

DARIO LAGUNA

03/30/03

(954) 315-4710

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

Date

Daytime Phone #

CR2E083B (12/02)