

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

05-12-2002 90609 019 ****50.00

DOCUMENT # L01000002823

1. Entity Name

CEM INTERNATIONAL, L.L.C.

Principal Place of Business

Mailing Address

**11006 N.W. 72 TERRACE
 MIAMI FL 33178**

**11006 N.W. 72 TERRACE
 MIAMI FL 33178**

2. Principal Place of Business

3. Mailing Address

1498 N. Homestead

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BIVS

Homestead FL

City & State

City & State

33030 USA

Zip

Country

Zip

Country

4. FEL Number

65-1078492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUIZ AVILA, MANUEL
 11006 N.W. 72 TERRACE
 MIAMI FL 33178**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** **MANUEL RUIZ AVILA** ☐ Delete
 NAME
 STREET ADDRESS **11006 NW 72 TERRACE**
 CITY-ST-ZIP **Miami, FL 33178**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** **ERICKA RUIZ** ☐ Delete
 NAME
 STREET ADDRESS **11006 NW 72 TERRACE**
 CITY-ST-ZIP **Miami, FL 33178**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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 REQUIRED

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

07/15/02 (305) 248 5731

Date

Daytime Phone #

CR2E083 (4/02)