2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Mar 11, 2003 8:00 am Secretary of State

	MILOVIN BOSIM		(ORF	()	Z,	Secre	tary oi	Stat	e
1. EURITÀ M	UMENT # LO10000 TERNATIONAL, L.L.C.	002823					03 90053 015		
Principal Pl	face of Business	Mailing Address							
14498 N HOI	MESTEAD	,							
BLVD		11006 N.W. 72 TERRACE MIAMI FL 33178							
HOMESTEAD	FL 33030	WINN LT 23110							
<u></u>						BBIAL MAN BAUG BRUG	66 111 26 111 66 116 11661 16	 	
	Place of Ausiness N Homestead	3. Mailing Address							
Dite Apt #, etc.		Suite, Apt. #, etc.			, t	CHECK HERE	IF MAKING CHANG	GES	
	iestead, +L	City & State			4. FEI Number	65-1078492		Applied For	
3් රී0	30 CUSA	Zip	Country			Status Desired	□ \$5.00 Fee Req	Not Applicat Additional	bie
-	6. Name and Address of Current	Registered Agent .			7. Name and Ad	dress of New Re		01100	
RUI	IZ AVILA, MANUEL		Name	,					= -
110	106 N.W. 72 TERRACE MI FL 33178		Street Address			(P.O. Box Number is Not Acceptable)			
									\dashv
				City Zip Code					
8. The above	e named entity submits this statement for ations of registered agent.	the purpose of changing its	registered office	or registerer	d agent or both in	a the Ctuber of Elect			_
the obliga	tions of registered agent.			or registered	agent, or court, in	I THE STATE OF FIOR	da. I am tamiliar wil	th, and accep	t
SIGNATURE									J
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent sign	ature required wh	en reinstation)				i
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	Make Check Pavable			EE IS \$50.00 rida Department of State					
		Due Dieck Layauit	By May 1, 20	partment	of State				-
9.	MANAGING MENGE			U3 ———			•		- (
TITLE	MANAGING MEMBER		10.			ADDITIONS/C	HANGES		\dashv
NAME	AVILA, MAUEL R	☐ Delete	TITLE MGR	-IM Av	NUEL R	バ フ	Change	☐ Addition	∵ ହ
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TITLE	MIAMI FL 33178	<u> </u>	CITY-ST-ZIP	Mia	mi·, Ŧ	느 33	178		CR2E083 (10/02)
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STREET ADDRESS	RUIZ, ERICKA		NAME V. PAE		8		20 0000 D D D D D D D D D D D D D D D D D		Ö
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11. I hereby certify that the information supplied with this filing dose 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 precure his report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAMO MONAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE COMP.