


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0013853

**DOCUMENT # L01000004758**

1. Entity Name  
**LARTEX INTERNATIONAL, LLC**



**FILED**  
03 APR 24 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address

**520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131**

**520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-1090249**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**TRANSGLOBAL CORPORATE ADMINISTRATION, INC.  
520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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

**600016965786**  
04/24/03--01070--005 \*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>KURY, RACHID</b>
STREET ADDRESS	<b>520 BRICKELL KEY DRIVE - SUITE 305</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>ROJAS, MARCO</b>
STREET ADDRESS	<b>520 BRICKELL KEY DRIVE - SUITE #305</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Rachid Kury* **REQUIERE Rachid Kury 03/10/03 (305) 374-3800.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)