2002 UNIFORM BUSINESS REPORT (UBR)

0000657

DOCUMENT # L01000005269

1. Entity Name

DIANNE-JOYCE INTERNATIONAL, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 20 PM 6:12

Principal Place of Business
~~3700 PARK AVENUE~~ 3225 AVIATION AVENUE
COCONUT GROVE FL 33133
SUITE 501

Mailing Address
~~3700 PARK AVENUE~~ SAME CHANGE
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3225 Aviation ave.	3225 Aviation ave.
Suite, Apt. #, etc.: Suite 501	Suite, Apt. #, etc.: Suite 501
City & State: Coconut Grove, Fla.	City & State: Coconut Grove, Fla.
Zip: 33133 Country:	Zip: 33133 Country:

4. FEI Number 65-1101127 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOYCE, DIANNE
~~3700 PARK AVENUE~~ 3225 AVIATION AVE. SUITE 501
COCONUT GROVE FL 33133

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 [signature] Dianne Joyce 9/12/02
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

TITLE	President	☐ Delete
NAME	Joyce, Dianne	
STREET ADDRESS	3225 Aviation Ave Suite 501	
CITY-ST-ZIP	Coconut Grove, Fla 33133	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

np 11/20/02
$ already on record

10. ADDITIONS/CHANGES

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

CR2E083 (4/02)

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] Dianne Joyce 9/12/02 (305) 740-9449