LIMITED LIABILITY COMPANY
2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90763 004 ****50.00

DOCUMENT # L01000007144

1. Entity Name

ESABEL INTERNATIONAL COMPANY LLC

30049622

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3204 NE 36 ST	3204 NE 36 ST
Suite, Apt. #, etc. #5	Suite, Apt. #, etc. #5
City & State FT LAUDERDALE, FL	City & State FT. LAUDERDALE FL
Zip 33308 Country BROWARD	Zip 33308 Country BROWARD

4. FEI Number 65-1104772 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ALVARO CASTILLO B. L.A.

Street Address (P.O. Box Number is Not Acceptable) 1390 BRICKELL AVE A200

City MIAMI FL Zip Code 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	TITLE	
NAME	GARCIA EUGENIO J	NAME	
STREET ADDRESS	3204 NE 36 ST APT	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	CITY-ST-ZIP	
TITLE	MGR	TITLE	
NAME	SUAREZ, ROGELIO	NAME	
STREET ADDRESS	3204 NE 36 STAV	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	CITY-ST-ZIP	
TITLE	MGR	TITLE	
NAME	HERTAD B. MARIA JUANA	NAME	
STREET ADDRESS	3204 NE 36 ST AVE	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/02)

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: ROGELIO SUAREZ 3/06/03 (954) 5684141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #