

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90026 037 *****50.00

DOCUMENT # L01000007373

1. Entity Name

CAMB INTERNATIONAL INVESTMENTS, L.L.C.



Principal Place of Business

Mailing Address

**536 BILTMORE WAY
CORAL GABLES FL 33134**

**536 BILTMORE WAY
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

4711 Pershoie Lane

4711 Pershoie Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

City & State

Kissimmee, Florida

4. FEI Number

65-1103015

Applied For

Not Applicable

Zip

34746

Country

U.S.A.

Zip

34746

Country

U.S.A.

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

**CUEVAS, ANDREW
536 BILTMORE WAY
CORAL GABLES FL 33134**

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

3/28/03

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **RODRIGUEZ, MARTIN**
STREET ADDRESS **536 BILTMORE WAY**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Martin Rodriguez**
STREET ADDRESS **4711 Pershoie Lane**
CITY-ST-ZIP **Kissimmee, Florida 34746**

TITLE **MGRM** ☐ Delete
NAME **DE RODRIGUEZ, ADRIANA BERROT E**
STREET ADDRESS **536 BILTMORE WAY**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Adriana B. De Rodrigguez**
STREET ADDRESS **4711 Pershoie Lane**
CITY-ST-ZIP **Kissimmee, Florida 34746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

3/28/03 (407) 787-3625

CR2E083 (10/02)