LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90052 018 ****50.00

DOCUMENT # L01000011415

1. Entity Name
BE INTERNATIONAL, LLC

DO NOT WRITE IN THIS SPACE

DU102533

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2. Principal Place of Business
9721 E BAY HARB.
Suite, Apt. #, etc. 5B
City & State BAY HARBOR ISLAND
Zip 33154 Country USA

3. Mailing Address
9721 E BAY HARBOR
Suite, Apt. #, etc. 5B
City & State BAY HARBOR ISLAND
Zip 33154 Country USA

4. FEI Number
TAX ID: 65-1120284
☐ Applied For
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name BEATRIZ PERNIA
Street Address (P.O. Box Number is Not Acceptable)
9721 E BAY HARBOR, SUITE 5B
City BAY HARBOR ISLAND FL Zip Code 33154

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.

SIGNATURE [signature] BEATRIZ PERNIA 04/24/02
Signature, name of [illegible] registered agent and the fee applicable DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BEATRIZ PERNIA MGR-M BAY HARBOR 9721 - # 5B BAY HARBOR ISLAND - FL - 33154
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ELSA CATALA MGR-M 9721 E BAY HARBOR. #5B BAY HARBOR ISLAND - FL - 33154
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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] Beatriz Pernia, MGR-M 04/20/02 305 8686291
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #