

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90008 038 ****50.00

DOCUMENT # L01000012995

1. Entity Name

INTERNATIONAL BOTANICALS, L.L.C.

Principal Place of Business

**2645 SOUTH BAYSHORE DR.
 UNIT 2003
 MIAMI FL 33133**

Mailing Address

**2645 SOUTH BAYSHORE DR.
 UNIT 2003
 MIAMI FL 33133**

2. Principal Place of Business

12601 SW 224 St.

3. Mailing Address

PO BOX 700393

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

05-1129330

Applied For

Not Applicable

Zip

Country

33170 USA

Zip

Country

33170 USA

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

**JENSEN, RALPH
 2645 S. BAYSHORE DR., UNIT 2003
 MIAMI FL 33133**

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.

SIGNATURE

N/A

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PARTNER** ☐ Delete
 NAME **RALPH JENSEN**
 STREET ADDRESS **12601 SW 224 St, PO BOX 700393**
 CITY-ST-ZIP **MIAMI, FL 33170**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-16-02 305-258-3753

CR2E083 (9/01)