

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90064 025 \*\*\*\*50.00

**DOCUMENT # L01000013747**

1. Entity Name

**MARWI INTERNATIONAL, L.L.C.**



Principal Place of Business

**15450 SW 175TH CIRCLE LN SUITE 103  
MIAMI FL 33193**

Mailing Address

**15450 SW 175TH CIRCLE LN SUITE 103  
MIAMI FL 33193**

2. Principal Place of Business

**6235 SW kendale lake  
circle  
C132**

3. Mailing Address

**same  
Suite, Apt. #, etc.  
same**

City & State

**MIAMI, FL**

City & State

**same**

Zip

**33183**

Country

**USA**

Zip

**same**

Country

**same**

4. FEI Number

**65-1138778**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**REYES, MARGARITA M  
15450 SW 175TH CIRCLE LN SUITE 103  
MIAMI FL 33193**

7. Name and Address of New Registered Agent

Name **Reyes, Margarita M**  
Street Address (P.O. Box Number is Not Acceptable)  
**6235 SW kendale lakes circle  
#C132**  
City **Miami** FL Zip Code **33183**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/11/03**

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

9. MANAGING MEMBERS/MANAGERS

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>OCHOA, MELBA L<br/>15450 SW 175TH CIRCLE LN SUITE 103<br/>MIAMI FL 33193</b>     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>REYES, MARGARITA M<br/>15450 SW 175TH CIRCLE LN SUITE 103<br/>MIAMI FL 33193</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

10. ADDITIONS/CHANGES

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>BEATRIZ E REYES<br/>6235 SW KENDALE LAKES CIR<br/>MIAMI FL 33183</b>    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>REYES, MARGARITA M<br/>6235 SW kendale lakes cir<br/>Miami FL 33183</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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

*[Signature]* **BEATRIZ E REYES**

Date

Daytime Phone #

**2/11/03 786-443-7388**

CR2E083 (10/02)