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Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90048 011 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014831

1. Entity Name
BUSINESS COUNTRY TO COUNTRY, LLC

Principal Place of Business	Mailing Address
9375 FOUNTAINEBLEAU BLVD., STE. L-410 MIAMI, FL 33172	9375 FOUNTAINEBLEAU BLVD., STE. L-410 MIAMI, FL 33172

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8333 NW 197 St.	P.O. Box 522903
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI - FLORIDA	City & State: MIAMI - FLORIDA
Zip: 33015 Country: USA	Zip: 33152 Country: USA

4. FEI Number: 65-1135112 ☐ Applied For ☐ Not Applicable

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
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	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

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	MGR ☐ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	RODRIGUEZ, ARACELYS	NAME	RODRIGUEZ, ARACELYS
STREET ADDRESS	9375 FOUNTAINEBLEAU BLVD., STE. L-410	STREET ADDRESS	8333 NW 197 St.
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP	MIAMI, FL 33015
TITLE	MGR ☐ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	FERNANDEZ, LUIS ARMANDO	NAME	FERNANDEZ, LUIS ARMANDO
STREET ADDRESS	9375 FOUNTAINEBLEAU BLVD., STE. L-410	STREET ADDRESS	8333 NW 197 St.
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP	MIAMI, FL 33015
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] ARACELYS RODRIGUEZ 02/05/2003 (786) 200 05 22

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)