

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91532 034 ****50.00

DOCUMENT # L 01000018715

1. Entity Name

C.D.O. International, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12780 SW 117 Street

Suite, Apt. #, etc.

3. Mailing Address

12780 SW 117 Street

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33186

Country

USA

Zip

33186

Country

USA

4. FEI Number

65-1154125

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Dobi Evans-Galler, Esquire

Street Address (P.O. Box Number is Not Acceptable)

12780 SW 117 Street

City

Miami

FL

Zip Code

33186

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: Dobi Evans-Galler, Esquire

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

4/18/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	managing member / President
NAME	Clark O Diaz
STREET ADDRESS	12330 SW 41st Street
CITY - ST - ZIP	Miami, FL 33175
TITLE	Member / Executive Vice President
NAME	Dobi Evans-Galler
STREET ADDRESS	12780 SW 117 Street
CITY - ST - ZIP	Miami, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Dobi Evans-Galler, member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4/18/02

Daytime Phone #

305-724-6061

CR2E083B (12/01)