

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90963 012 ***150.00

DOCUMENT # L01000022670

1. Entity Name

FINANCIAL SERVICE INTERNATIONAL, L.L.C.

DO NOT WRITE IN THIS SPACE

935711

2. Principal Place of Business

5757 Collins Avenue

Suite, Apt. #, etc.

1504

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

69-0011089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Pedro A. Cofino, Esquire

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

407 Lincoln Road

Suite 2B

City

Miami Beach

FL

Zip Code

33139

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]

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

March 18, 2002

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

President
Roberto Pichard
5757 Collins Avenue, Ste. 1504
Miami Beach, FL 33140

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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]

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

March 18, 2002

Date

Daytime Phone #

305-864-5644

CR2E083B (12/01)