

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90027 045 ****50.00

DOCUMENT # L02000001643

1. Entity Name

R & D INTERNATIONAL, LLC



Principal Place of Business

**10411 NW 48TH ST.
MIAMI FL 33178**

Mailing Address

**10411 NW 48TH ST.
MIAMI FL 33178**

2. Principal Place of Business

3. Mailing Address

777 NW 72 Avenue

777 NW 72 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3 M10

3 M10

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Zip

33126

Country

USA

33126

Country

USA

4. FEL Number

04-3599510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUES, MANUEL SILVA
10411 NW 48TH ST.
MIAMI FL 33178**

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	MGRM	<input type="checkbox"/> Delete
NAME	RODRIGUES, MANUEL SILVA	
STREET ADDRESS	10411 NW 48TH ST.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ATILA DE OLIVEIRA DENYS	
STREET ADDRESS	RUA 24 DE MAIO, 220 SALA 105	
CITY-ST-ZIP	MANAUS-AMAZONAS-BRASIL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED

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

02/27/03 (786) 388-1521

Date

Daytime Phone #

CR2E083 (10/02)