FILED
03 JUN 12 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000002905

1. Entity Name
CENTRAL POINT INTERNATIONAL LLC

Principal Place of Business	Mailing Address
8160 GENEVA COURT APT. 406 MIAMI, FL 33166	8160 GENEVA COURT APT. 406 MIAMI, FL 33166

4/28

2. Principal Place of Business	3. Mailing Address
6700 NW 114 Ave #938	6700 NW 114 Ave #938
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Mizmi FL	Mizmi FL
City & State	City & State
33178 USA	33178
Zip / Country	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3601472 ☐ 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
PADILLA, BYRON 6231 GENEVA WAY, APT. 204 MIAMI, FL 33166	Name: Byron Padilla Street Address (P.O. Box Number is Not Acceptable): 6700 NW 114 Ave #938 City: Mizmi FL Zip Code: 33178

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: _____ April 22, 2003
(Signature of new registered agent and title if applicable) (NOTE: Registered Agent's signature required when registering) DATE

FILE NOW!!! FEE IS $150.00
Make Check Payable to: Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CUETARA, LUIS 13300 NW 8TH STRT APT. 406 MIAMI, FL 33182	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CALDERON, BYRON 8160 GENEVA COURT APT. 406 MIAMI, FL 33166	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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CR2E083 (10/02)

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: _____ April 22 2003 (786) 251-2359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #