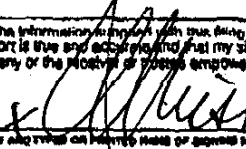


03 Apr 30 01:25p

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90581 009 ***150.00

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

DOCUMENT # L02000005067			
1. Entity Name VARDEL INTERNATIONAL, LLC.			
Principal Place of Business % ALAYON & ASSOCIATES, P.A. 2450 SW 137TH AVE. SUITE 221 MIAMI FL 33175		Mailing Address % ALAYON & ASSOCIATES, P.A. 2450 SW 137TH AVE. SUITE 221 MIAMI FL 33175	
2. Principal Place of Business 8059 N.W. 54 ST		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLA		City & State	
Zip 33166		Country USA	
4. Identification Number 06-0054625		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent AMP REGISTERED AGENT, INC. 2450 SW 137TH AVE. SUITE 221 MIAMI FL 33175		7. Name and Address of New Registered Agent Name CARRERA, AMADOR, PA Street Address (P.O. Box Number is Not Acceptable) 780 N.W. LESTER ROAD # Y23 City MIAMI FL Zip Code 33126	
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 JUAN CARRERA		DATE 4-29-03	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	HIGHMAN VARDEL INTERNATIONAL, INC. % 2450 SW 137TH AVE, SUITE 221 MIAMI FL 33175	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VARDEL INT'L, LLC 8059 N.W. 54 ST MIAMI, FLA 33166
10. ADDITIONS/CHANGES	☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information furnished on this filing is true and correct for the information stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information indicated on this report is true and correct 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 member or partner employed to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		DATE: 4-29-03	
SIGNATURE AND TYPE OF OFFICE OF REGISTERED MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

30066892

☐ CHECK HERE IF MAKING CHANGES