

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90001 049 ****50.00

0015890

DOCUMENT # L02000006743

1. Entity Name
DIETRICH-EXCEL, LLC



Principal Place of Business

**255 ALHAMBRA CIRCLE SUITE 720
CORAL GABLES FL 33134**

Mailing Address

**255 ALHAMBRA CIRCLE SUITE 720
CORAL GABLES FL 33134**

2. Principal Place of Business

7818 NW 46 st.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State

Miami, FL

City & State

Same

Zip

33166

Country

USA

Zip

33166

Country

USA

FE Number

04-3618836

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SILVA, WALDYR
960 LAKEWOOD CT.
WESTON FL 33326**

7. Name and Address of New Registered Agent

Name **C. Randall Austin, Esq.**

Street Address (P.O. Box Number is Not Acceptable)
11575 Heron Bay Blvd.

Suite 315

City

Coral Springs

FL

Zip Code

33076

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

C. Randall Austin, Esq.

6/18/03

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

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SILVA, WALDYR	
STREET ADDRESS	960 LAKEWOOD CT.	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	GONCALVES, RONALDO	
STREET ADDRESS	255 ALHAMBRA CIRCLE SUITE 720	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	VILLACA, JOAO CARLOS	
STREET ADDRESS	255 ALHAMBRA CIRCLE SUITE 720	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	DIETRICH, KARL HEINZ	
STREET ADDRESS	D-87656 GERMARINGEN	
CITY-ST-ZIP	K-H-DIETRICH-STR. 1	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6/18/03 (305) 468-0007

CR2E083 (10/02)