FILED
Mar 11, 2003 8:00 am
Secretary of State
01-31-2003 90061 049 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000007614

1. Entity Name
CARICIA INTIMA INTERNATIONAL, L.L.C.

Principal Place of Business	Mailing Address
8612 SW 147 PLACE MIAMI FL 33193	8612 SW 147 PLACE MIAMI FL 33193

2. Principal Place of Business	3. Mailing Address
8372 Mills Drive	8372 Mills Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc. Mi
City & State: Miami	City & State: Miami Fla
Zip: 33183 Country: Dade	Zip: 33183 Country: Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02 0571041 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, MARIA A
GBS CONSULTANTS
1290 WESTON RD., SUITE 210
WESTON FL 33326

7. Name and Address of New Registered Agent

Name: Doris Restrepo
Street Address (P.O. Box Number is Not Acceptable): 8372 Mills Drive
City: Miami FL. FL Zip Code: 33183

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: Doris Restrepo 1/19/03
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			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ZARATE, MARIA VICTORIA 8612 SW 147 PLACE MIAMI FL 33193	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JIMENEZ-GALLEGO, DANIEL A 8612 SW 147 PLACE MIAMI FL 33193	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JIMENEZ-ZARATE, CESAR AUGUSTO 8612 SW 147 PLACE MIAMI FL 33193	☐ 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

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: Laura Jimenez SIGNATURE REQUIRED 1/19/03 (305)279-4580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #