2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

03-31-2003 90008 007 ****50.00

DOCUMENT # L02000009917

1. Entity Name
BABY GIRL INTERNATIONAL, LLC

Principal Place of Business	Mailing Address
777 N.W. 72 AVENUE, SUITE 3AA-17 MIAMI FL 33126	777 N.W. 72 AVENUE, SUITE 3AA-17 MIAMI FL 33126

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
777 NW 72 AVENUE		777 NW 72 AVENUE	
Suite, Apt. #, etc. Suite 2M-19		Suite, Apt. #, etc. Suite 2M-19	
City & State Miami - Fl		City & State Miami - Fl	
Zip 33126	Country U.S.A	Zip 33126	Country U.S.A

4. FEI Number 81-0549656 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORONEL, SANDRA BEATRIZ
4910 N.W. 102 AVE.
APT. #203
MIAMI FL 33178

7. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORONEL, SANDRA BEATRIZ 4910 N.W. 102 AVE. Apt#203 ~~MIAMI FL 33178~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZARRAGA, SANDY CAROLINA 4910 NW 102 AVE Apt#203 MIAMI FL 33178 ☐ 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
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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: SIGNATURE REQUIRED [signature] 02/25/03 305-2649252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #