2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF BIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jun 09, 2003 8:00 am Secretary of State

4/30

4/21/03

305-969990

Daytime Phone #

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1. Entity Nam		19310				04-30-2	003 90183 042 1	***150.00	
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Principal Place of Business Mailing Address						~*************************************			
8862 S.W. 129TH TERRACE		8862 S.W. 129TH TERRACE					,		
MIAMI FL 33176	i	MIAMI FL 33176							
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK MEDE IS MAKING CHANGES			
Suite, Apt.	#, etc.	<u> </u>				CHECK HERE IF MAKING CHANGES			
City & Stat	وي الربايوسيسيان	City & State	اجي ۽ ڇپ	نيامحتسدود حندا	4. FEI Num	ber 90-008	2 	Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certifical	te of Status Desired	\$5.00 A Fee Requi		
	6. Name and Address of Current	Registered Agent	_ <u>-</u>		7. Name an	nd Address of New R			
				Name					
VASQUEZ, VIVIAN 8862 S.W. 129TH TERRACE MIAMI FL 33176				Street Addres	s (P.O. Box Numl	ber is Not Acceptable	9)		
•				City	 		FL Zip Co	nde	
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	named entity submits this statement folions of registered agent.	r the purpose of changing	us register	ed dilica ox regis	noted agont, or o	on, in the state of the	TOOL TOTAL	i, and adoopt	
SIGNATURE .	Signature, typed or printed name of registered agent of	and title if applicable. (N	OTE: Registere	ed Agent signature requ	ired when reinstating)		DATE		
·		FILE	!!!WON	FEE IS \$50.0	0			•	
		Make Check Paya			nent of State				
			Due By M	lay 1, 2003					
9.	MANAGING MEMBE		10.			ADDITIONS		- Caleran	
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NAME STREET ADDRESS	V.M.C. INTERNATIONAL FRANCE	iising, l.l.u.		EET ADDRESS		•			
CITY-ST-ZIP	8862 S.W. 129TH TERRACE		CITY	r-st-zip		• •			
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NAME	}		NAA STR	EET ADDRESS			م د درجوندس		
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NAME CTREET ADORESS			, NAN STR	ret adoress				ļ	
STREET ADORESS CITY-ST-ZIP	}			-ST-ZIP				ł	
	Certify that the information supplied with on this report is true and accurate and	this filing does not qualify	for the exe	emption stated in	Section 119.07(3	(i), Florida Statutes. I	further certify that the	information	
indicated limited lia	on this report is true and accurate and ability company or the receiver or trusted	that my signature shall have empowered to execute the	ve the sam	e legal effect as i s required by Chi	r made under oat apter 608, Florida	in; inat i am e manag i Statutes,	ang member or manag	jeroi(her (