

FILED

Jul 30, 2003 8:00 am
Secretary of State

05-06-2003 90063 008 ****50.00

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

DOCUMENT # L02000023019

1. Entity Name

VIVAI INTERNATIONAL LLC



Principal Place of Business

1300 BRICKELL AVENUE
MIAMI FL 33131

Mailing Address

1300 BRICKELL AVENUE
MIAMI FL 33131

55052704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3890766

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE A
150 ALHAMBRA CIRCLE STE. 1270
CORAL GABLES FL 33134

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

8. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☒ Addition
	MGRM	MGM Group LLC	1300 Brickell Ave Miami, FL 33131	☐ Change	☒ Addition
	VPS	Miguel Baikovicus	1300 Brickell Ave Miami FL 33131	☐ Change	☒ Addition
	President	Daniel Baikovicus	1300 Brickell Ave Miami FL 33131	☐ Change	☒ Addition
	Manager	Mario Rybak	1300 Brickell Ave Miami FL 33131	☐ Change	☒ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/03 305-351-1089

Date

Daytime Phone #

CR2E083 (10/02)