

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90035 029 ****50.00

DOCUMENT # L02000023193

1. Entity Name
VHS INTERNATIONAL, L.L.C.



Principal Place of Business

**3320 NW 36 STREET
MIAMI FL 33142**

Mailing Address

**3320 NW 36 STREET
MIAMI FL 33142**

2. Principal Place of Business

3320 NW 36 ST. MIAMI

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip **33142**

Country **USA**

Zip

Country

4. FEI Number

41-2061478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GUZMAN, MARIO I
9130 S. DADELAND BLVD., SUITE #1504
MIAMI FL 33156**

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

TITLE **MGRM** ☐ Delete
NAME **HOJBERG, VICTOR**
STREET ADDRESS **LAS HERAS 2352 FLOOR 12, APT. #72**
CITY-ST-ZIP **CAPITAL FEDERAL, ARGENTINA**

TITLE **MGRM** ☐ Delete
NAME **MARCHESE, MARTA E**
STREET ADDRESS **LAS HERAS 2352 FLOOR 12, APT. #72**
CITY-ST-ZIP **CAPITAL FEDERAL, ARGENTINA**

TITLE **MGRM** ☐ Delete
NAME **STAROBINSKY, GABRIEL**
STREET ADDRESS **1950 SOUTH OCEAN DRIVE APT. 7G**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

GABRIEL STAROBINSKY

786.326.6434

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

Date

Daytime Phone #

CR2E083 (10/02)