

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90099 011 ****50.00

DOCUMENT # L02000026803

1. Entity Name

RINAM INTERNATIONAL, L.L.C.



Principal Place of Business

**1290 WESTON ROAD STE. 306
WESTON FL 33326**

Mailing Address

**1290 WESTON ROAD STE. 306
WESTON FL 33326**

2. Principal Place of Business

5417 N.W. 72 AVE.

Suite, Apt. #, etc.

3. Mailing Address

5419 NW 72 AVE.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Miami FL

Zip
33166

Country
USA

City & State

Miami FL

Zip
33166

Country
USA

4. FEI Number

54-2077271

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 ROAD STE. 306
WESTON FL 33326**

7. Name and Address of New Registered Agent

Name **GBS CONSULTANTS**

Street Address (P.O. Box Number is Not Acceptable)
1290 WESTON ROAD

SUITE 306

City **WESTON**

FL

Zip Code
33326

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]

MARIA DIAZ

04/22/03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
AMBRUGNA, ALEJANDRO
1290 WESTON ROAD STE. 306
WESTON FL 33326** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RINALDI, OCTAVIO
1290 WESTON ROAD STE. 306
WESTON FL 33326** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
AMBRUGNA, ALEJANDRO
5417 NW 72 AVE.
MIAMI, FL 33166** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RINALDI, HUMBERTO OCTAVIO
141 CRAUDON BLVD. UNIT 238
KEY VISCAINE, FL 33149** ☒ Change ☐ Addition

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

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

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

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

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, trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

04/21/03

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

Date

Daytime Phone #

CR2E083 (10/02)