2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

S03269900110
9/24/2003-90048-022-$55.00-$55.00

FILED
2003 OCT -8 AM 11:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000032695

1. Entity Name
YARRA INTERNATIONAL, LLC

Principal Place of Business
1541 BRICKELL AVENUE, STE. 504
MIAMI FL 33129

Mailing Address
1541 BRICKELL AVENUE, STE. 504
MIAMI FL 33129

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 1665 MICHIGAN AVE
Suite, Apt. #, etc.
City & State: MIAMI BEACH FL
Zip: 33139 Country: USA

3. Mailing Address: SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 38-3666190 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MONTERO, JULIAN F ESQ.~~
C/O VILAR, DUTY & MONTERO, P.L.
1101 BRICKELL AVENUE, SUITE 804-A
MIAMI FL 33131

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ~~OWNER~~ PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SUSANA A. CALLAU	NAME	
STREET ADDRESS	1541 BRICKELL AVE - #504	STREET ADDRESS	
CITY-ST-ZIP	MIAMI - FLORIDA - 33129	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (4/03)

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 SUSANA A. CALLAU 9-22-03 (305) 538-2242 (786) 200-3422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #