

2000 UNIFORM BUSINESS REPORT (UBR)

0014322 AF

DOCUMENT # L93000000433

1. Entity Name
RESOURCES INTERNATIONAL LIMITED COMPANY

FILED

00 APR 12 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
P.O. BOX 550642
FT. LAUDERDALE FL 33355

Mailing Address
P.O. BOX 550642
FT. LAUDERDALE FL 33355-0642

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0480020

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOVICK, MARTA C
10404 NW 7TH CT.
PLANTATION FL 33324

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.

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 Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM WING, EMMA CHANG
STREET ADDRESS 6990 GLENEAGLE DR.
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
700003224257--3
-04/26/00--01018--004
*****50.00 *****50.00

TITLE NAME MGRM NOVICK, MARTA C
STREET ADDRESS 10404 NW 7TH CT.
CITY-ST-ZIP PLANTATION FL 33324

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM CHANG, ELSA
STREET ADDRESS 10404 NW 7TH CT.
CITY-ST-ZIP PLANTATION FL 33324

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)