

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0004770 AF

DOCUMENT # **L96000000815**

1. Entity Name  
**B&B INVESTMENTS INTERNATIONAL L.C.**

00 APR 21 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |  |
|---|--|
| Principal Place of Business<br>12943 IXORA CIRCLE<br>NORTH MIAMI FL 33181 | Mailing Address<br>12943 IXORA CIRCLE<br>NORTH MIAMI FL 33181-2308 |
|---|--|



DO NOT WRITE IN THIS SPACE

*MWM*

|   |         |   |         |
|---|---------|---|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. |         | 3. Mailing Address<br>Suite, Apt. #, etc. |         |
| City & State  |         | City & State                              |         |
| Zip   | Country | Zip                                       | Country |

|  |   |
|--|---|
| 4. FEI Number<br><b>65-0688950</b>                                   | Applied For<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$5.00</b> Additional Fee Required   |

6. Name and Address of Current Registered Agent

**BARTH, FRIEDEL**  
12943 IXORA CIRCLE  
NORTH MIAMI FL 33181

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.

SIGNATURE \_\_\_\_\_ (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                    |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BARTH, FRIEDEL<br>12943 IXORA CIRCLE<br>NORTH MIAMI FL 33181 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 10. ADDITIONS/CHANGES                          |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>500003238065--6</b><br><b>-05/03/00--00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>*****55.00 *****55.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **04/18/00** **(305) 895-5467**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)