2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9600000917 1. Entity Name REHAMED INTERNATIONAL, L.L.C. PLUE INTERNATIONAL SECRETARY OF STATE DIVISION OF CORPORATIONS							
REMAINIEL	D INTERNATIONAL, L.C.O.						
	<u> </u>				00 MAR -3	MHH: 03	
Principal Place of Business 636 SABAL PALM RD MIAMI FL 33137 MIAMI FL 33137 MIAMI FL 33137				B0026828			
						1 86))(88)() 68() 86() 8	
		La Maria William					
	Sw 186° ST	3. Mailing Address	186 5	+	19811811 818 18118 81111 98111 8811		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Suite, Apt.		Suite, Apt. #, etc.	<u>, </u>		DO NOT WRIT	E IN THIS SPACE	
City & Stat		City & State		4. FEI N	lumber		pplied For
/// (A)	mi FL	MIAMI	PC	4. 1 2.1	65-0714760		lot Applicable
Zip 381	COUNTRY COUNTRY	33157	Country	- 5. Certi	ficate of Status Desired	□ \$5.00 Ad Fee Require	
- 54.	6. Name and Address of Current			7. Nam	e and Address of New Re		
			Name	· · · · · · · · · · · · · · · · · · ·			
TANEN, JE			Street A	ddress (P.O. Box N	umber is Not Acceptable)		
	AYNE TOWER SUITE 3250 SCAYNE BLVD		·-				
MIAMI FL			City	"·		□ Zip Coo	ah-
8. The above	named entity submits this statement for	r the purpose of changing its	registered office o	r registered agent,	or both, in the State of Flor	ida.	
SIGNATURE .							
Oldring .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signal	ture required when reinstat	ng)	DATE	
		FILE NO	OW!!! FEE IS \$	\$50.00	7/3/16/0	10	
		Make Check Pa	yable to Depart	ment of State	7	,0	
9.	MANAGING MEMB	ERS/MEMBERS	10.		ADDITIONS/	CHANGES	
TITLE	MGRM	Delete	TITLE	MGRM		Change	Addition
NAME	CADEN, JOHN		NAME STREET ADDRESS	CADEN	JOHN TO		
STREET ADDSESS CITY-ST-ZIP	636 SABAL PALM DR MIAMI FL 33137		CITY-ST-ZIP	828184 MIAM	1 180 × 21	r-2	
TUTLE		Dadeta -	TIME	701111201	(S) /	☐ Citange	Addition
KAME			NAME	ļ 		ي . عسر است است استواد و	~ p
STREET ADDRESS CITY-ST-ZIP		the second second second	STREET ADDRESS		000003 -03/22	L (3220 /0001020	 -001
TITLE		Delete	TITLE		****	0.00 Printe	
NAME			NAME	1			
STREET ADDRESS City-St-Z(P			STREET ADDRESS CITY-81-26P				
TITLE	<u> </u>		TITLE			Change	Addition
NAME			HAME	i			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
6111-41-61F				 -		Change	Addition
TITLE	i ———————	□ Delete	TITLE				_
TITLE NAME		☐ Delote	TITLE Name			□ Strange	
NAME STREET ADDRESS		Delote	NAME STREET ADDRESS			Grange	
NAME STIGET ADDRESS CITY-ST-ZIP		/	NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	Addition
NAME STREET ADDRESS		Delete	NAME STREET ADDRESS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TULE NAME STREET ADDRESS		/	NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS			<u> </u>	Addition
NAME STREET ADDRESS CITY-ST-ZIP TUTE MAME STREET ADDRESS CITY-ST-ZIP		/ Delste	NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP TULE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and	Delete This filing does not qualify for that my signature shall have	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP T the exemption stathe same legal effe	ect as if made unde	roath; that i am a managi	Change	information
NAME STREET ADDRESS CITY-ST-ZIP TOLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and ibility company or the receiver or truste	Delete This filing does not qualify for that my signature shall have	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP T the exemption stathe same legal effe	ect as if made unde	roath; that i am a managi	Change	information