

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L96000000917**

1. Entity Name

REHAMED INTERNATIONAL, L.L.C.

FILED

01 JAN 29 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8281 S.W. 186TH ST.
MIAMI FL 33157

8281 S.W. 186TH ST.
MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

14260 SW 136TH Street

Suite, Apt. #, etc.

9

City & State

MIAMI, FL

Zip

33186

Country

~~USA~~

Suite, Apt. #, etc.

9

City & State

MIAMI, FL

Zip

33186

Country

4. FEI Number

65-0714760

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TANEN, JEFFREY S

ONE BISCAYNE TOWER SUITE 3250

TWO S BISCAYNE BLVD

MIAMI FL 33131

Name

JOHN CADEN

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

14260 SW 136TH Street #9

City

MIAMI

FL

Zip Code

33186

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

John Caden

JOHN CADEN

1/20/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME MGRM
STREET ADDRESS CADEN, JOHN
CITY-ST-ZIP 8281 S.W. 186TH ST.
MIAMI FL 33157

TITLE Change Addition
NAME MGRM
STREET ADDRESS JOHN CADEN
CITY-ST-ZIP 144 SEVERINO DRIVE
MIAMI MORADA, FL 33036

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
600003632016--0
-02/05/01--01009--018
*****50.00 *****50.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

SIGNATURE:

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

1/20/01

Date

305-255-1400

Daytime Phone #

CR2E083 (11/00)