

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90167 001 \*\*\*\*50.00

**DOCUMENT # L96000000917**

1. Entity Name  
**REHAMED INTERNATIONAL, L.L.C.**

|  |  |
|--|--|
| Principal Place of Business<br>14260 SW 136TH ST.<br>SUITE 9<br>MIAMI FL 33186 | Mailing Address<br>14260 SW 136TH ST.<br>SUITE 9<br>MIAMI FL 33186 |
|--|--|

00043600

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>14008 SW 140 ST</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>14008 SW 140 ST</b><br>Suite, Apt. #, etc. |
|---|---|



DO NOT WRITE IN THIS SPACE

|   |                                  |                                       |  |
|---|----------------------------------|---------------------------------------|--|
| City & State<br><b>MIAMI, FL</b>                          | City & State<br><b>MIAMI, FL</b> | 4. FEI Number<br><b>65-0714760</b>    | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>33184</b>                                       | Country<br><b>USA</b>            | Zip<br><b>33184</b>                   | Country<br><b>USA</b>                                  |
| 5. Certificate of Status Desired <input type="checkbox"/> |                                  | <b>\$5.00</b> Additional Fee Required |  |

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br><b>CADEN, JOHN S</b><br>14260 SW 136TH STREET SUITE 9<br>MIAMI FL 33186 |  | 7. Name and Address of New Registered Agent<br>Name<br><b>JOHN J. CADEN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>14008 SW 140 ST</b><br>City<br><b>MIAMI</b> FL Zip Code<br><b>33186</b> |  |
|--|--|---|--|

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: **JOHN CADEN** **30 Jan 02**  
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**  
**Due By May 1, 2002**

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>CADEN, JOHN<br/>144 SEVERINO DR.<br/>ISLAMORADO FL 33036</b> <input type="checkbox"/> Delete | 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"/> Delete  | 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"/> Delete  | 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"/> Delete  | 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"/> Delete  | 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"/> Delete  | 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: **30 Jan 02** **315-255-1400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)