

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 99000001740

1. Entity Name

BUSINESS AND SERVICES
INTERNATIONAL, L.L.C.

9/29/00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 27 AM 8:52

Principal Place of Business

Mailing Address

8839 S.W. 215 Lane
Miami, FL 33189

SAME

2. Principal Place of Business

8839 SW 215 Lane

Suite, Apt. #, etc.

3. Mailing Address

8839 SW 215 Lane

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami

Zip 33189

Country

DADE.

City & State

Miami, Florida

Zip

33189

Country

DADE.

4. FEI Number

65-0907145

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Carolina Torres
8839 S.W. 215 Lane
Miami, FL 33189

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

Carolina Torres

Carolina Torres

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Jorge Rene Lonano RAYKOVICH	
STREET ADDRESS	8839 SW 215 Lane	
CITY-ST-ZIP	Miami - FL 33189	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Carolina Torres de LOZANO	
STREET ADDRESS	8839 SW 215 Lane	
CITY-ST-ZIP	Miami - FL 33189	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Nelson Ricardo Dubis Castillo	
STREET ADDRESS	10382 SW 212th ST 103	
CITY-ST-ZIP	Miami - FL 33189	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LUZ JACKELINE TORRES DUBIS	
STREET ADDRESS	10382 SW 212th ST 103	
CITY-ST-ZIP	Miami, FL 33189	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carolina Torres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 06 2001

Date

Daytime Phone #

CR2E034 (10/00)