2000 UNIFORM BUSINESS REPORT (UBR)

FILED

1. Entity Name SHIVA INTERNATIONAL L.C.				Secretary of St			
Principal Place of Business 5150 NORTH BAY ROAD		Mailing Address 5150 NORTH BAY ROAD					
MIAMI BEACH 33140	FL	MIAMI BEACH 33140	FL				
2. Principal P	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number		oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Add Fee Require		
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered	I Agent		
SPIEGEL & UTRERA, P.A.							
343 ALMERIA AVENUE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL					•		
33134	US		City	F	Zip Cod	e	
8. The above	named entity submits this statement	for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida.	,		
SIGNATURE .	Signature, typed or printed name of registered ager		: Registered Agent signature requ	pired when reinstating) DATE	2/2000		
			WIII FEE IS \$50.0 Vable to Department				
9.	MANAGING MEMI	BERS/MEMBERS	10.	ADDITIONS/CHANGE	S		
TITLE NAME	MGR ADALAT PARIVASH	☐ Delete	TITLE NAME		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	5150 NORTH BAY ROAD MIAMI BEACH	FL 33140	STREET ADDRESS CITY-ST-ZIP				
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME STREET ADDRESS	TAEFI ALI DR. 5150 NORTH BAY ROAD		NAME STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH	FL 33140	CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	☐ Addition	
CITY-ST-ZIP	w		CITY-ST-ZIP		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition Addition	
TITLE		☐ Delete	TITLE		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				
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^{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.