

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L 99000003763

1. Entity Name

JELKH BUSINESS INTERNATIONAL, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -4 PM 1:25

Principal Place of Business

16464 VICTORIA PONCE LANE  
WESTON, FL 33327

Mailing Address

1101-BRICKELL AVENUE  
SUITE N-800  
MIAMI, FL 33131

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65- 0932248

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

SERGIO PORRAS  
1101 BRICKELL AVENUE  
SUITE N-800  
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

ALEJANDRO JELKH

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

1101 BRICKELL AVENUE

SUITE NORTH 800

City

MIAMI

FL

Zip 33131

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

07-27-00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9.

MANAGING MEMBERS / MEMBERS

TITLE MGR  
NAME GRUPO CONSULTOR ANDINO LTDA  
STREET ADDRESS CALLE 30 A # 6-22  
CITY-ST-ZIP SANTAFE DE BOGOTA - COLOMBIA

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10.

ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

000003350480--4  
-08/09/00--01032--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

07-27-00

Date

Daytime Phone #

CR2E083 (1/99)