

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0008552
AF

DOCUMENT # L99000003763

1. Entity Name
JELKH BUSINESS INTERNATIONAL, L.L.C.

01 APR 23 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0932248

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JELKH, ALEJANDRO
1101 BRICKELL AVENUE, SUITE NORTH 800
MIAMI FL 33131

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Delete
STREET ADDRESS GRUPO CONSULTOR ANDINO LTDA
CITY-ST-ZIP CALLE 30A NO. 6-22
SANTAFE DE BOGOTA, COLOMBIA

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM ☐ Delete
STREET ADDRESS JELKH, ALEJANDRO
CITY-ST-ZIP 1646 VICTORIA PONCE LANE
WESTON FL 33327

TITLE NAME MGRM ☒ Change ☐ Addition
STREET ADDRESS Jelkh, Alejandro
CITY-ST-ZIP 1646 Victoria Ponce Lane
Weston, FL 33327

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME 4000041344 ☐ Change ☐ Addition
STREET ADDRESS -05/03/01--01120--014
CITY-ST-ZIP *****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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]

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

Date

Daytime Phone #

4/16/01 305-577-8589

CR2E083 (11/00)