

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 22 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000003960**

1. Entity Name
I & I INTERNATIONAL GROUP, LLC

Principal Place of Business
**941 FOURTH STREET, #200M
MIAMI BEACH FL 33139**

Mailing Address
**941 FOURTH STREET, #200M
MIAMI BEACH FL 33139-6816**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-6931212

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

**CORPORATE CREATIONS ENTERPRISES INC.
941 FOURTH STREET, #200
MIAMI BEACH FL 33139**

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

2/4/00

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGR PAUTASSO, ALBERTO
STREET ADDRESS **941 FOURTH STREET, #200M**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE NAME Change Addition
400003284174--0
-06/12/00--01015--019
*******50.00 *****50.00**

TITLE NAME Delete
MGR DE GREGORIO, JORGE
STREET ADDRESS **941 FOURTH STREET, #200M**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE NAME Change Addition

TITLE NAME Delete
MGR RAFFO, HECTOR
STREET ADDRESS **941 FOURTH STREET, #200M**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change 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:

SIGNATURE PAUTASSO ALBERTO

2/4/2000

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

Date

Daytime Phone #

CR2E083 (9/99)