

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90160 031 \*\*\*\*50.00

**DOCUMENT # L99000005611**

1. Entity Name  
**SVHINTERNATIONAL, L.L.C.**

Principal Place of Business  
**C/O THOMAS J. DAVIS, JR.**  
**150 ALHAMBRA CR., SUITE 1260**  
**CORAL GABLES FL 33134**

Mailing Address  
**C/O THOMAS J. DAVIS, JR.**  
**150 ALHAMBRA CR., SUITE 1260**  
**CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**c/o Jennifer C. Finch**  
 Suite, Apt. #, etc.  
**526 Santander Ave, Suite 1**

3. Mailing Address  
**c/o Jennifer C. Finch**  
 Suite, Apt. #, etc.  
**526 Santander Ave, Suite 1**

City & State  
**Coral Gables, FL**

City & State  
**Coral Gables, FL**

4. FEI Number **65-0952042**

Applied For  
 Not Applicable

Zip Country  
**33134 USA**

Zip Country  
**33134 USA**

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

**6. Name and Address of Current Registered Agent**

**DAVIS, THOMAS J JR.**  
**150 ALHAMBRA CR., SUITE 1260**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name **Jennifer C. Finch**  
 Street Address (P.O. Box Number is Not Acceptable)  
**526 Santander Ave, Suite 1**  
 City **Coral Gables** **FL** Zip Code **33134**

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 **Jennifer C. Finch** DATE **3/4/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>CARPENTER, NORMAN A</b> <b>12403 NACOGDOCHES, SUITE 110</b> <b>SAN ANTONIO TX 78217</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Norman A. Carpenter** Date **3/11/02** Daytime Phone # **210-599-7926**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)