## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L99000005611

1. Entity Name

SVI-INTERNATIONAL, L.L.C.



## DO NOT WRITE IN THIS SPACE

			•	
2. Principal Place of 1890 NW 82		3. Mailing Address 1890 NW 82		
Suite, Apt. #, etc		Suite, Apt. #, etc		
City & State MIAMI, FL		City & State MIAMI, FL		
Zip 33126	Country	Zip 33126	Country USA	

FILED 03 MAR 12 PM 2: 24 SECRETARY OF STATE TATLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Applied For

\$5.00 Additional

Not Applicable

	5. Certificate of Status Desired	×	\$5.00 Additional Fee Required
	7. Name and Address of Current	Registe	red Agent
Jame	CIA CABTAVA		<del></del>

650952042

4. FEI Number

## DO NOT WRITE IN THIS SPACE

7. Name and Address of Current	Registered /	Agent	
Name PATRICIA CARTAYA			
Street Address (P.O. Box Number is Not Acceptable	)		
1890 NW 82ND AVE			
City MIAMI	FL	Zip Code 33126	

	and accept
3. The above named entity of braits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with	and thought
i. The above flamed entry squalled the statement for the perpose of statement of the perpose o	
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the obligations of SIGNATURE

PATRICIA CARTAYA

1/8/03

FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** 

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR, PATRICIA CARTAYA 1890 NW 82ND AVE MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700013383807 03/12/0301022005 **55.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	· / . · /

11. I hereby certify that the information supplied with this filling 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 reference or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

PATRICIA CARTAYA, MGR

118/03

Daytime Phone #