

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 JUN 21 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005624

1. Entity Name

OCCICOM INTERNATIONAL, L.L.C. AMENDED

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

10500 NW 50TH Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#102

City & State

City & State

SUNRISE FL

Zip

Country

Zip

Country

33351

4. FEI Number

65-0964577

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

TULIO RODRIGUEZ
10500 NW 50TH STREET
#102
SUNRISE FL 33351

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

Tulio Rodriguez

6/19/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME JEAN HADDAD
STREET ADDRESS 10500 NW 50TH STREET #102
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

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

TITLE MEMBER
NAME LUIS GOMEZ
STREET ADDRESS 10500 NW 50TH STREET #102
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

TITLE
NAME 300004448443-1
STREET ADDRESS -06/28/01--01006--001
CITY-ST-ZIP *****950.00 *****50.00 ☐ Change ☐ Addition

TITLE MEMBER
NAME 610001 CONSULTING JOT CORP. (F.B.O.P.)
STREET ADDRESS 10500 NW 50TH STREET #102
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JEAN HADDAD

MANAGER

6/19/01

(954) 742-3776

CR2E083 (11/00)