

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008826 AF

DOCUMENT # L99000006128

1. Entity Name  
NEKELLE INTERNATIONAL, L.L.C.

FILED

01 FEB 21 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
555 CRANDON BLVD., SUITE 74  
KEY BISCAYNE FL 33419

Mailing Address  
555 CRANDON BLVD., SUITE 74  
KEY BISCAYNE FL 33419

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0954401

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

CUEVAS, ANDREW  
9200 S. DADELAND BLVD., STE 603  
MIAMI FL 33156

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 YAT, TSUI M ☒ Delete  
STREET ADDRESS  
555 CRANDON BLVD., SUITE 74  
CITY-ST-ZIP  
KEY BISCAYNE FL 33149

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

TITLE NAME  
MGRM ACOSTA, CAROLINA ☒ Delete  
STREET ADDRESS  
555 CRANDON BLVD., SUITE 74  
CITY-ST-ZIP  
KEY BISCAYNE FL 33149

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
200003782652--4  
-02/27/01--01080--014  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE NAME  
MGRM ESCALLON, NICOLAS ☐ Delete  
STREET ADDRESS  
555 CRANDON BLVD., SUITE 74  
CITY-ST-ZIP  
KEY BISCAYNE FL 33149

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

TITLE NAME  
MGRM ACOSTA, ENRIQUE ☐ Delete  
STREET ADDRESS  
555 CRANDON BLVD., SUITE 74  
CITY-ST-ZIP  
KEY BISCAYNE FL 33149

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

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE NAME  
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 #

CR2E083 (11/00)