

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

0010086

**DOCUMENT # L99000006128**

1. Entity Name

**NEKELLE INTERNATIONAL, L.L.C.**

04-08-2002 90208 022 \*\*\*\*50.00

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

Zip

Country

Zip

Country

4. FEI Number

65-0954401

Applied For

Not Applicable

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM**  
**NICOLAS ESCALLON**  
**141 CRANDON BL SUITE 344**  
**KEY BISCAYNE, FL 33149**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM**  
**ACOSTA ENRIQUE**  
**141 CRANDON BL SUITE 344**  
**KEY BISCAYNE, FL 33149**

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 #

04/01/02 (786) 374 4245

CR2E083 (9/01)