

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM****Secretary of State****DOCUMENT # M00000001170**1. Entity Name
CONCIERGE SERVICES INTERNATIONAL LLC

Principal Place of Business 9141 SW 122ND AVENUE, STE 201 MIAMI FL 33186	Mailing Address 9141 SW 122ND AVENUE, STE 201 MIAMI FL 33186
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2. Principal Place of Business 3300 NE 199 ST. Suite, Apt. #, etc. 906	3. Mailing Address 3300 NE 199 ST. Suite, Apt. #, etc. 906
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City & State AVENTURA FL	City & State AVENTURA FL	4. FEI Number 58-2468770	Applied For <input type="checkbox"/> Not Applicable
Zip 33180	Country US	Zip 33180	Country US

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FIERRO CARLOS
9141 SW 122ND AVENUE, STE 201

MIAMI FL 33186 US7. Name and Address of New Registered Agent

Name
FIERRO CARLOS
Street Address (P.O. Box Number is Not Acceptable)
3300 NE 199 ST.
906
City
AVENTURA FL Zip Code
33180

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 **CARLOS FIERRO****04/28/2001**

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

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
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	MGR FIERRO CARLOS HMR. 3300 NE 199 ST SUITE 906 AVENTURA FL 33180	<input type="checkbox"/> Change <input checked="" 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
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: Carlos Fierro**MGR****04/28/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)