

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000009215
1. Entity Name
 M&T INTERNATIONAL SERVICES, L.L.C.

FILED

Wey 1/27

01 APR 16 AM 10:34

Principal Place of Business **Mailing Address**
 536 BILTMORE WAY 536 BILTMORE WAY
 CORAL GABLES FL 33134 CORAL GABLES FL 33134

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-1028744 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW
 536 BILTMORE WAY
 CUEVAS & RUBIN, P.A.
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: ANDREW CUEVAS, ESQ.
 Street Address (P.O. Box Number is Not Acceptable):
 536 BILTMORE WAY
 City: CORAL GABLES FL Zip Code: 33134

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: *Andrew Cuevas*
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
 500004078845--2
 -04/25/01--01123--001
 *****50.00 ~~250.00~~

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LINO FRANCISCO MENDOZA <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	MGRM LINO FRANCISCO MENDOZA 536 BILTMORE WAY CORAL GABLES, FLORIDA 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDO MENDOZA 536 BILTMORE WAY CORAL GABLES, FLORIDA 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAUREEN HEGGIE DE MENDOZA 536 BILTMORE WAY CORAL GABLES, FLORIDA 33134 <input checked="" 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: *Andrew Cuevas* Date: 4/12/01 Daytime Phone #

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

CR2E083 (11/00)