

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90188 005 \*\*\*\*50.00

**DOCUMENT # L01000003040**

1. Entity Name

**WORLD-WIDE/LACI AIRPORT CONCESSIONS, L.L.C.**

Principal Place of Business

**4649 PONCE DE LEON BOULEVARD, SUITE 300  
 CORAL GABLES FL 33146**

Mailing Address

**4649 PONCE DE LEON BOULEVARD, SUITE 300  
 CORAL GABLES FL 33146**

2. Principal Place of Business

**MIAMI INTERNATIONAL AIRPORT**  
 Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 997180**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI - FLORIDA**

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

Zip

Country

**33299**

**USA**

Zip

Country

**33299-7180**

**USA**

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**AMARO, PEDRO JR.  
 4649 PONCE DE LEON BOULEVARD, SUITE 300  
 CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name **PEDRO AMARO JR**

Street Address (P.O. Box Number is Not Acceptable)  
**14290 SW 33 ST.**

City **MIAMI**

**FL**

Zip Code

**33175**

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

**PEDRO AMARO JR**

**4/24/02**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<b>PARTNER</b>	<b>PEDRO AMARO JR</b>	<b>14290 SW 33 ST.</b>	<b>MIAMI FL 33175</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>PARTNER</b>	<b>JOSE G. ALBERNI</b>	<b>430 GRAND BAY DR #306</b>	<b>KEY BICAYNE FL 33149</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*  
**JOSE G. ALBERNI**

**4/24/02**

**3058710559**

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

Date

Daytime Phone #

CR2E083 (9/01)