


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

04-09-2003 90040 019 ****50.00

DOCUMENT # L02000010195

1. Entity Name
BULLRICH U.S.A., LLC



Principal Place of Business Mailing Address

**100 NORTH BISCAYNE BLVD., SUITE #1407
MIAMI FL 33132** **100 NORTH BISCAYNE BLVD., SUITE #1407
MIAMI FL 33132**

2. Principal Place of Business 3. Mailing Address

1200 BRICKELL AVE **1200 BRICKELL AVE**

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

Suite 680 **Suite 680 -**


City & State City & State

MIAMI, FL **MIAMI, FL**

Zip Country Zip Country

33131 **U.S.A.** **33131** **U.S.A.**

33000000



CHECK HERE IF MAKING CHANGES

4. FEI Number **47-0862561** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDO DAMIAN MAZZONI
100 NORTH BISCAYNE BLVD., SUITE #1407
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name **FERNANDO DAMIAN MAZZONI**

Street Address (P.O. Box Number is Not Acceptable)

1200 BRICKELL AVE Suite 680 -

City **MIAMI, FL** FL Zip Code **33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER FERNANDO DAMIAN MAZZONI 9920 COLLINS AVE # 15 Bal Harbour FL 33154	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(l), 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 REQUIRED** Date **04/02/2003 (305) 416-3040**

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

CR2E083 (10/02)