

2000 UNIFORM BUSINESS REPORT (UBR)

0003210 AF

DOCUMENT # **L98000000678**

1. Entity Name
LA TROPICAL BREWING COMPANY, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 15 PM 2:46

Principal Place of Business
117 MAJORCA AVE.
FIRST FLOOR EAST
CORAL GABLES FL 33134

Mailing Address
117 MAJORCA AVE.
FIRST FLOOR EAST
CORAL GABLES FL 33134-4508



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 **65-0838502**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B & C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BOULEVARD, SUITE 3000
MIAMI FL 33131

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

BLT

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS	10. ADDITIONS/CHANGES
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p> <p>MGRM PORTUONDO, MANUEL J 117 MAJORCA AVE., FIRST FLOOR EAST CORAL GABLES FL 33134</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>600003148516--6 -02/25/00--01104--008 *****50.00 *****50.00</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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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~~ **REMANUEL Portuondo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date **2-11-00** Daytime Phone # **(305) 444-4451**

CR2E083 (9/99)