

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

0008003

DOCUMENT # L98000000678

1. Entity Name

LA TROPICAL BREWING COMPANY, LLC ✓

05-15-2002 90050 027 ****50.00

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

2. Principal Place of Business

1825 Ponce de Leon Blvd

3. Mailing Address

1825 Ponce de Leon Blvd

Suite, Apt. #, etc.

#235

Suite, Apt. #, etc.

#235

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL



DO NOT WRITE IN THIS SPACE

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0838502

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	PORTUONDO, MANUEL J	117 MAJORCA AVE., FIRST FLOOR EAST	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	PORTUONDO, MANUEL J.	1825 Ponce de Leon Blvd #235	CORAL GABLES, FL 33134	<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"/>	<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)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE: **MANUEL J. PORTUONDO**

Date: **4/29/02** Daytime Phone #: **305-484-4807**

CR2E083 (9/01)