

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 21 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000705
1. Entity Name
LACS FOOD L.L.C.

Principal Place of Business: 2091 CORAL WAY, MIAMI FL 33145
Mailing Address: 2091 CORAL WAY, MIAMI FL 33145-2625

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: City & State
Zip: Zip Country: Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PAZ, LUIS
2091 CORAL WAY
MIAMI FL 33145

7. Name and Address of New Registered Agent
Name: AGUSTIN PAZ
Street Address (P.O. Box Number is Not Acceptable): 2091 CORAL WAY
City: MIAMI FL Zip Code: 33145

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] DATE: _____
Signature of individual 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 Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAZ, AGUSTIN		NAME		
STREET ADDRESS	2091 CORAL WAY		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33145		CITY - ST - ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hernandez Sofia		NAME		
STREET ADDRESS	SAME		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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06/23/00-01602-009
*****50.00 *****50.00

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 REQUIRED
Date: 04/26/00 Daytime Phone #: 305 856 3451

CR2E083 (9/99)