

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90010 022 \*\*\*\*\*50.00

**DOCUMENT # L99000002839**

1. Entity Name

**CHINA GIFTWARE IMPORT/EXPORT, L.C.**



Principal Place of Business

5205 N.W. 163RD ST.  
MIAMI FL 33014

Mailing Address

5205 N.W. 163RD ST.  
MIAMI FL 33014

2. Principal Place of Business

*SAME*

3. Mailing Address

*4382 Bardin Blvd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*L*

City & State

*Vernon, CA*

Zip

Country

*90023*

Country

4. FEI Number **65-0920956**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MGR DIEGO HERNAN BAMBARDIERE** ☐ Delete  
STREET ADDRESS **5205 N.W. 163RD ST.**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE NAME **MGR ROMINA LAURA PETERSON** ☐ Delete  
STREET ADDRESS **5205 N.W. 163RD ST.**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS *4382 Bardin Blvd*  
CITY-ST-ZIP *Vernon, CA*

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS *SAME AS ABOVE*  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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**

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

Date

Daytime Phone #

*3/29/03*

CR2E083 (10/02)