

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** M97000000347

**1. Entity Name**  
SOPRODI LTDA, L.L.C.

**Principal Place of Business**  
2025 N.W. 102ND AVE., SUITE #103  
MIAMI FL 33172

**Mailing Address**  
2025 N.W. 102ND AVE., SUITE #103  
MIAMI FL 33172

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -4 AM 9:02



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
2025 NW 102 AVE.  
Suite, Apt. #, etc.  
103  
City & State  
MIAMI, FL

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip  
33172  
Country  
USA

**4. FEI Number**  
13-3854955

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

Applied For  
Not Applicable

**6. Name and Address of Current Registered Agent**  
ZAMORANO, AUGUSTO  
2025 N.W. 102ND AVE., SUITE #103  
MIAMI FL 33172

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City

400003356364-0  
-08/15/00  
\*\*\*\*50.00

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** N/A  
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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZAMORANO, AUGUSTO 2025 N.W. 102ND AVE., SUITE #103 MIAMI FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #

CR2E083 (5/00)