2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 337381

1. Entity Name
LIBORIO SPICES AND PRODUCTS INC

Principal Place of Business	Mailing Address
2300 CORAL WAY SUITE 200 MIAMI FL 33145	2300 CORAL WAY SUITE 200 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2300 Coral Way	2300 Coral Way

Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 200	Suite 200

City & State	City & State
Miami, Florida	Miami, Florida

Zip	Country	Zip	Country
33145	US	33145	US

4. FEI Number 59-1266132 — ☐ Applied For / ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY SUITE 200 MIAMI FL 33145	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)

AMADA CANTERA LOPEZ, President   DATE 3/25/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ — **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **PD** / NAME **TOJEIRO, GLADYS** / STREET ADDRESS **3080 S.W 111 AVENUE** / CITY-ST-ZIP **MIAMI FL 33165**	☒ Delete	TITLE **P** / NAME **TOJEIRO, SR., JAIME** / STREET ADDRESS **3080 SW 111 Avenue** / CITY-ST-ZIP **Miami, Fl 33165**	☒ Change ☐ Addition
TITLE **SD** / NAME **TOJEIRO, JAIME** / STREET ADDRESS **3080 S.W. 111 AVENUE** / CITY-ST-ZIP **MIAMI FL 33165**	☒ Delete	TITLE **VPD** / NAME **TOJEIRO, JR., JAIME** / STREET ADDRESS **3080 SW 111 Avenue** / CITY-ST-ZIP **Miami, Fl 33165**	☒ Change ☐ Addition
TITLE **TD** / NAME **TOJEIRO, JAIME JR** / STREET ADDRESS **3080 S.W. 111 AVENUE** / CITY-ST-ZIP **MIAMI FL 33165**	☒ Delete	TITLE **SD** / NAME **IGLESIAS, MARGARITA** / STREET ADDRESS **9333 SW 144 Place** / CITY-ST-ZIP **Miami, Fl 33186**	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE **T** / NAME **IGLESIAS, VICENTE** / STREET ADDRESS **9333 SW 144 Place** / CITY-ST-ZIP **Miami, Fl 33186**	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   3/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
(Jaime Tojeiro, President