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**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000000041 1. Entity Name LA ROSA DEL MONTE EXPRESS (MIAMI), LLC		
Principal Place of Business 7675 N.W. 66TH STREET MIAMI, FL 33166		Mailing Address 1133-35 TIFFANY ST BRONX, NY 10459
2. Principal Place of Business 7600 NW 68 St	3. Mailing Address 7600 NW 68 St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 65-1070792
Zip 33166	Country DADE	Applied For <input type="checkbox"/> Not Applicable
Zip 33166	Country DADE	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent PARALEGAL & ATTORNEY SERVICE BUREAU, INC. 1406 HAYS STREET, #2 TALLAHASSEE, FL 32301		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering)</small>		
FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 3, 2003		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, HIRAM 1426 ROOSEVELT AVE PELHAM MANOR, NY 10803	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DALZELL, STEVEN 46 CENTER ST POMPTON LAKES, NJ 07442	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 606, Florida Statutes.		
SIGNATURE:		(305) 599-2590
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Case Daytime Phone #</small>

CR2E083 (10/02)