

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002937

1. Entity Name
LA ESCONDIDA USA, L.L.C.

Principal Place of Business
9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156

Mailing Address
9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156

2. Principal Place of Business
5440 N. State Road 7

3. Mailing Address
5440 N. State Road 7

Suite, Apt. #, etc.
Suite 221

Suite, Apt. #, etc.
Suite 221

City & State
Fort Lauderdale FL

City & State
Fort Lauderdale FL

Zip
33319

Country
USA

Zip
33319

Country
USA

4. FEI Number
65-1012210

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ
9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
CRISTINA RAFFALLI

Street Address (P.O. Box Number is Not Acceptable)
1454 Springside Drive

City
Weston FL Zip Code
33326

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 *x* *Cristina Raffalli*

(NOTE: Registered Agent signature required when reinstating)

DATE
02/21/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DE AYALA, CRISTINA RAFFA
9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DE AYALA, CRISTINA RAFFALLI
1454 Springside Drive
Weston, FLORIDA 33326 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200003829312--0
-03/09/01--01123--007
*****55.00 *****55.00 ☐ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *x* *Cristina Raffalli* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE
02/21/01 (954) 659-2131
Daytime Phone #

0010127 AF

CR2E083 (11/00)



DO NOT WRITE IN THIS SPACE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA