

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90094 006 ****50.00

DOCUMENT # L00000003013

1. Entity Name

PALKEEPERS USA, L.L.C.

Principal Place of Business

**8120 NW 66 ST.
MIAMI FL 33166**

Mailing Address

**8120 NW 66 ST.
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

8120 NW 66 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

FL

Zip

33166

Country

USA

Zip

Country

4. FEI Number

65-0991125

APPLIED FOR

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
536 BILTMORE WAY
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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **ALVAREZ, GONZALO PULIDO**
STREET ADDRESS **8120 NW 66 ST.**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **MGR** ☐ Delete
NAME **PULIDO ZORRO, ADRIANA MARIA**
STREET ADDRESS **8120 NW 66 ST.**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **MGR** ☒ Delete
NAME **SAENZ, ESPERANZA**
STREET ADDRESS **8120 NW 66 ST.**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☒ Change ☐ Addition
NAME **MGR**
STREET ADDRESS **JORGE E. PULIDO**
CITY-ST-ZIP **8120 NW 66 ST
MIAMI FL 33166**

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

Jorge Pulido

JORGE PULIDO - MANAGER

1/8/02

305 7189350

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

Date

Daytime Phone #

CR2E083 (9/01)