

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L00000004014

1. Entity Name  
LATIN AMERICAN PRODUCTS, LLC

01 APR 26 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5661 NW 187TH STREET  
MIAMI FL 33055

Mailing Address  
5661 NW 187TH STREET  
MIAMI FL 33055



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
407 Lincoln Rd  
Suite, Apt. #, etc.  
Suite 5-B  
City & State  
Miami Beach, FL  
Zip  
33139  
Country  
Dade

3. Mailing Address  
407 Lincoln Rd  
Suite, Apt. #, etc.  
Suite 5-B  
City & State  
Miami Beach, FL  
Zip  
33139  
Country  
Dade

4. FEI Number  
52-2230359  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

GARCIA, PATRICIA  
5661 NW 187TH STREET  
MIAMI FL 33055

## 7. Name and Address of New Registered Agent

Name  
GARCIA Mendez, Karen  
Street Address (P.O. Box Number is Not Acceptable)  
14548 SW 95th Lane  
City  
Miami FL Zip Code  
33186

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 Karen Garcia Mendez 4/22/01  
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/MEMBERS  
TITLE NAME ☐ Delete  
MGRM GARCIA, PATRICIA  
STREET ADDRESS 5890 SW 58 TERRACE  
CITY-ST-ZIP MIAMI FL 33143  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES  
TITLE NAME ☒ Change ☐ Addition  
MGRM GARCIA, Patricia  
STREET ADDRESS 407 Lincoln Rd #5-B  
CITY-ST-ZIP Miami Beach, FL 33139  
700004195027--3  
-05/10/01--01132--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
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: Patricia R. Garcia 3/22/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)