

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004733

1. Entity Name  
BEST HARVEST L.L.C.

**FILED**

01 JAN 29 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
C/O STEPHEN M. BANDER, ESQ.  
444 BRICKELL AVENUE SUITE 300  
MIAMI FL 33133

Mailing Address  
C/O STEPHEN M. BANDER, ESQ.  
444 BRICKELL AVENUE SUITE 300  
MIAMI FL 33133

2. Principal Place of Business  
500 NE 185 STREET #  
Suite, Apt. #, etc.  
Suite #7  
City & State  
Miami, FL FL  
Zip  
33179 Country  
USA

3. Mailing Address  
500 NE 185 STREET  
Suite, Apt. #, etc.  
Suite #7  
City & State  
Miami, FL  
Zip  
33179 Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-1008380

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.  
941 FOURTH STREET #200  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name  
Best Harvest, LLC - Israel Lorenzo

Street Address (P.O. Box Number is Not Acceptable)  
500 NE 185 STREET, Suite #7

City  
Miami FL Zip Code  
33179

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEURS, MARC L.J. 8 AV 5-55 TORRE NORTE APP 1101-1102 01014 GUATEMALA CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Israel Lorenzo 500 NE 185 STREET #7 Miami, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003624034-5 -02/02/01--01026--018 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Israel Lorenzo Date: 1-26-01

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

CR2E083 (11/00)