May 07, 2002 8:00 am Secretary of State 05-07-2002 90393 029 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LOOOO	0005570	· (ODIC)]
TRANSFOOD LLC	-	\checkmark		
DO NOT WRITI	E IN THIS S	PACE		956122
2. Principal Place of Business 8, Kennedy Ave	Belaware Intercorp Inc		o Inc	
Suitc, Apt. #, etc. 4	Suite, Apt. #, etc. 113 Backsdale Professional			DO NOT WRITE IN THIS SPACE
CY-1640 Cyprus	Center, Newers, DE			4. FEI Number Applied For
Cognity	DE 19711	Country USA		5. Certificate of Status Desired 55.00 Additional Fee Required
DO NOT W		Name	Λ/Ω Δ	7. Name and Address of Current Registered Agent
DO NOT W		Street A	ddress (P	L SERVICES INC. O. BOX Number is Not Acceptable)
IN THIS SP	ACE	Talk	ahas	isee FL 32301
8. The above named ontitude their states		City		FI Zip Code
8. The above named entity submits this statement for	r the purpose of changing its	registered office or	registere	d agent, or both, in the State of Florida.
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable.			DATE
	Make Check Pay	EE IS \$50.00 vable to Departs	ment of	A CONTROL OF THE CONT
9. MANAGING MEMBE	D. Berlin D.	UE BY MAY 1		
TITLE Mr. Emilios Hadi		TITLE		
NAME STREET ADDRESS 8, Kennedy Ave, 10 city-st-zip	V	NAME : STREET ADDRESS		
TITLE Member	40, Cypriis	CITY ST-ZIP		
NAME MS. Elena Pastor	toom Alforda	NAME STREET ADDRESS		
CITY-ST-ZIP ST-FEE 1813 EV-18	1087 N. Cyprus,	CITY-ST-ZIP		
NAME STREET ADDRESS	, 0,	TITLE	3414	
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MME REET ADDRESS TY-ST-ZIP		NAME. STREET ADDRESS.	,	
 I hereby certify that the information supplied with the indicated on this report is true and accurate and the 	nis filing does not qualify for the	e exemption stated	in Sectio	n 119.07(3)(i), Florida Statutes. I further certify that the information euder oath; that I am a managing member or manager of the
GIGNATURE:	2 Ella	θ	•	DV-25 2002 1200 1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Prione & Daytime Prione &				