

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91159 027 \*\*\*\*50.00

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L00000006439**

1. Entity Name

ARCHIE'S KEY BISCAIYNE, L.L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
600 CRANDON BLVD.

Suite, Apt. #, etc.  
UNIT 19

City & State  
KEY BISCAIYNE, FL

Zip  
33149

Country

3. Mailing Address  
1850 SW 8th STREET

Suite, Apt. #, etc.  
SUITE 209

City & State  
MIAMI, FL

Zip  
33135

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 651013929

Applied For  
Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name GABRIEL S. DIAZ-SARMIENTO, CPA

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

1985 NW 88th COURT, SUITE 201

City MIAMI

FL

Zip Code  
33172

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

GABRIEL S. DIAZ-SARMIENTO CPA 04/25/2003

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
M & N INVESTMENTS USA, LLC  
600 Crandon Blvd, #19, Key Bisc., FL 33149

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FOOD DEVELOPMENT CORPORATION  
1850 SW 8 St., Suite 209, Miami, FL 33135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
JAIME ESCOBAR  
600 Crandon Blvd, #19, Key Bisc., FL 33149

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
NICOLAS ESCOBAR  
600 Crandon Blvd, #19, Key Bisc., FL 33149

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ARCHIES COLOMBIA SA  
600 Crandon Blvd, #19, Key Bisc., FL 33149

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

NICOLAS ESCOBAR

04/25/03

(305) 642-1045

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

Date

Daytime Phone #

CR2E083B (12/02)