

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006603

1. Entity Name

CHEF VENDING, L.L.C.

FILED

01 MAY -2 PM 6:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

17020 W DIXIE HWY
N MIAMI BEACH FL 33160

Mailing Address

17020 W DIXIE HWY
N MIAMI BEACH FL 33160

2. Principal Place of Business

10170 Collins Ave Suite 17
Suite, Apt. #, etc.
Bal Harbour Florida
City & State

3. Mailing Address

10170 Collins Ave #1
Suite, Apt. #, etc.
Bal Harbour Florida
City & State



DO NOT WRITE IN THIS SPACE

MJH

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMERA, JAVIER
10170 COLLINS AVE
APT 1
BAL HARBOUR FL 33154

7. Name and Address of New Registered Agent

Name JAVIER PALMERA
Street Address (P.O. Box Number is Not Acceptable)
200 LESLIE DRIVE #731
City HALLANDALE FL Zip Code 33009

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	MGRM PALMER, JAVIER 10170 COLLINS AVE APT 1 BAL HARBOUR FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLOBAL, M.O. 8430 HARDING AVE #1 MIAMI BEACH FL 33141	<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 LESLIE DRIVE #731 HALLANDADE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 601834 NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600004288146--0 -05/22/01 -01116--019 *****55.00 *****55.00
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:

JAVIER PALMERA

03/02/01 (305) 261-9701

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

Date

Daytime Phone #

CR2E083 (11/00)

0010269 AF