

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000006804**1. Entity Name
PREPAID U.S.A., L.L.C.

Principal Place of Business	Mailing Address
C/O BAUR, WOODBRIDGE, REUS & KLEIN, P.A. 100 N. BISCAYNE BLVD., 21ST FLOOR MIAMI FL 331322306	C/O BAUR, WOODBRIDGE, REUS & KLEIN, P.A. 100 N. BISCAYNE BLVD., 21ST FLOOR MIAMI FL 331322306

2. Principal Place of Business	3. Mailing Address
C/O PENA, WOODBRIDGE & SALAZAR Suite, Apt. #, etc. 1101 BRICKELL AVE., STE 1100 MIAMI FL	C/O PENA, WOODBRIDGE & SALAZAR Suite, Apt. #, etc. 1101 BRICKELL AVE., STE 1100 MIAMI FL
Zip 33131	Country

4. FEI Number ☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentWOODBRIDGE FREDERICK JR. ESQ
C/O BAUR, WOODBRIDGE, REUS & KLEIN, P.A.
100 N. BISCAYNE BLVD., 21ST FLOOR
MIAMI FL 331322306**7. Name and Address of New Registered Agent**Name
WOODBRIDGE FREDERICK JR. ESQ
Street Address (P.O. Box Number is Not Acceptable)
PENA, WOODBRIDGE & SALAZAR
1101 BRICKELL AVE., STE 1100
City MIAMI FL Zip Code 33156

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 _____ DATE **04/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State**9. MANAGING MEMBERS / MEMBERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	MGRM	ROMERIA'S DISTRIBUTORS, INC.	C/O PENA ET AL, 1101 BRICKELL AVE. #1100 MIAMI FL 33131		
	MGRM	SOTO HERNANDO	1101 BRICKELL AVE., STE 1100 MIAMI FL 33131		
	MGRM	ROMERO GUIDO	1101 BRICKELL AVE., STE 1100 MIAMI FL 33131		
	MGRM	ROMERO DIEGO	1101 BRICKELL AVE., STE 1100 MIAMI FL 33131		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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: HERNANDO SOTO MGRM 04/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)