

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90267 031 ****50.00

DOCUMENT # L00000006967

1. Entity Name

REPRESENTACIONES P.R.-USA, L.C.

Principal Place of Business	Mailing Address
17021 N BAY RD, SUITE 621 SUNNY ISLES, FL 33160	17021 N BAY RD. SUITE #621 SUNNY ISLES, FL 33160

2. Principal Place of Business	3. Mailing Address
8000 WEST DR. N. BAY VILLAGE	8000 WEST N. BAY VILLAGE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
#321	SUITE #321

City & State	City & State
MIAMI BEACH, FL 33141	MIAMI BEACH, FL 33141

Zip	Country	Zip	Country

4. FEI Number	Applied For
52-2293284	Not Applicable

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

DO NOT WRITE IN THIS SPACE

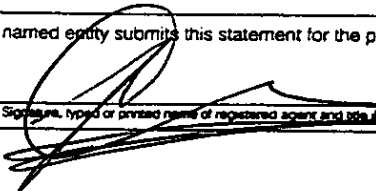
6. Name and Address of Current Registered Agent

FELDENKRAIS, MICHAEL
 290 NW 165TH STREET
 SUITE PLAZA 100
 MIAMI, FL 33169

7. Name and Address of New Registered Agent

Name	JORGE E. OYARCE
Street Address (P.O. Box Number is Not Acceptable)	C/O JE OYARCE & ASSOCIATES 199 SW 12TH AVENUE, SUITE #11
City	MIAMI
State	FL
Zip Code	33130-1056

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  **JORGE E. OYARCE** **4/22/02**

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

(NOTE: Registered Agent signature required when reinstating)

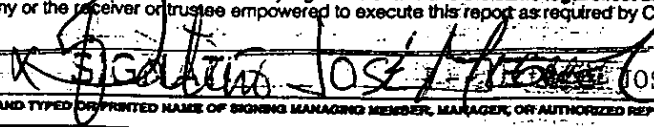
DATE

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	PATINO JOSE M.		NAME		
STREET ADDRESS	17021 N. BAY RD., #621		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES, FL 33160		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PATINO MIGUEL A		NAME		
STREET ADDRESS	17021 N. BAY RD., #621		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES, FL 33160		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PATINO, EDISON G		NAME		
STREET ADDRESS	17021 NORTH BAY RD., #621		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES, FL 33160		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, MARIA A		NAME		
STREET ADDRESS	17021 N. BAY RD., #621		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES, FL 33160		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **JOSE M. PATINO, MGRM** **305-324-2248**

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

Date

Daytime Phone

CR2E083 (9/01)