

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007491

1. Entity Name

KATALYX FOODSERVICE LLC

FILED

01 MAY 24 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1221 BRICKELL AV. 1221 BRICKELL AVENUE SUITE 1200
MIAMI, FL., 33131 MIAMI, FL., 33131
C/O PATRICIA MENENDEZ CAMBO

2. Principal Place of Business

1221 Brickell Avenue

Suite, Apt. #, etc.

Suite 1200

City & State

Miami, FLA

Zip

33131

Country

USA

3. Mailing Address

1221 Brickell Avenue c/o Patricia Menéndez

Suite, Apt. #, etc.

Suite 1200

City & State

Miami, FLA

Zip

33131

Country

USA

4. FEI Number

52-2260659

Applied For

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

CORP DIRECT AGENTS
103 N. MERIDIAN ST.
TALLAHASSEE, FL, 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

100004429811--4

-06/19/01--01067--001

1000.00 **50.00

9. MANAGING MEMBERS/MEMBERS

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

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M/C
STREET ADDRESS	RAFAEL HERNANDEZ
CITY-ST-ZIP	1221 BRICKELL AVENUE MIAMI, FL., 33131
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M/P
STREET ADDRESS	JERONIMO GERARD
CITY-ST-ZIP	1221 BRICKELL AVENUE MIAMI, FL. 33131
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M/S
STREET ADDRESS	PATRICIA MENENDEZ CAMBO
CITY-ST-ZIP	1221 BRICKELL AVENUE MIAMI, FL., 33131
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COO
STREET ADDRESS	VICENTE SANCHEZ CABEZON
CITY-ST-ZIP	1221 BRICKELL AVENUE MIAMI, FL., 33131
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V
STREET ADDRESS	RAFAEL CARVAJAL
CITY-ST-ZIP	1221 BRICKELL AVENUE MIAMI, FL., 33131
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V/S
STREET ADDRESS	SILVIA M. GARRIGO
CITY-ST-ZIP	1221 BRICKELL AVENUE MIAMI, FL., 33131

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: PATRICIA MENENDEZ CAMBO

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

Date

Daytime Phone #

4/30/01

305-925-5417

\$50.00

CR2E083 (11/00)