

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007620

1. Entity Name
TERRA FOODS LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -7 PM 3:14

Principal Place of Business
200 S BISCAYNE BLVD
20TH FLOOR
MIAMI FL 33131-2310

Mailing Address
200 S BISCAYNE BLVD
20TH FLOOR
MIAMI FL 33131-2310



2. Principal Place of Business
201 S. Biscayne Blvd.

3. Mailing Address
201 S. Biscayne Blvd.

Suite, Apt. #, etc.
Suite 850

Suite, Apt. #, etc.
Suite 850

City & State
Miami, FL 33131

City & State
Miami, FL 33131

4. FEI Number
65-1021285

Applied For
Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSSZ FIU CORPORATION
200 S BISCAYNE BLVD
20TH FLOOR
MIAMI FL 33131-2310

7. Name and Address of New Registered Agent

Name
Rossz Fiu Corporation
Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd. Suite 850
City
Miami FL Zip Code
33131

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 *San Carson Choezen* President *2/20/01*
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

300003307589-1
-03/23/01--01054--011
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Manager	Pablo Liberatori	201 S. Biscayne Blvd. Suite 850	Miami, FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

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

3.02.2001

Date

305 571 3582

Daytime Phone #

0008762 AF

CR2E083 (11/00)