

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90235 001 \*\*\*\*50.00

DOCUMENT # L 00000007620

1. Entity Name

Terra Foods LLC

943250

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

954 Normandy Drive

Suite, Apt. #, etc.

3. Mailing Address

954 Normandy Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach FL

City & State

Miami Beach FL

4. FEI Number

65-1021285

Applied For

Not Applicable

Zip

33141

Country

USA

Zip

33141

Country

USA

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

David Neithardt

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

650 West Avenue, Suite 706

City

Miami Beach

**FL**

Zip Code

33139

**DO NOT WRITE  
IN THIS SPACE**

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

David Neithardt

David Neithardt

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

4-11-02

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	<u>MGRM</u>
STREET ADDRESS	<u>Imanol, Ltd.</u>
CITY - ST - ZIP	<u>PO Box 55-5383</u>
TITLE NAME	<u>Nassau, New Providence, The Bahamas</u>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

Julio Bertoni

Julio Bertoni - President, Imanol, Ltd.

4-11-02

305-961-2629

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

Date

Daytime Phone #

CR2E083B (12/01)