

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000765 AF

DOCUMENT # L00000011934

1. Entity Name

ARA NATIONAL FOODS, L.L.C.

FILED

01 MAY -1 PM 5:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
1313 PONCE DE LEON BLVD., SUITE 310 1313 PONCE DE LEON BLVD., SUITE 310  
CORAL GABLES FL 33134 CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
8025 N.W. 60th STREET 8025 N.W. 60th STREET  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For  
MIAMI, FLORIDA MIAMI, FLORIDA Not Applicable  
Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required  
33166 33166

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
SANCHEZ-GALARRAGA, JORGE  
1313 PONCE DE LEON BLVD., SUITE 310  
CORAL GABLES FL 33134  
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. (NOT: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABRANTE, ALBERTO 8025 N.W. 60th STREET MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 4/27/01 Daytime Phone #

CR2E083 (11/00)