

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91552 004 ****50.00

DOCUMENT # **L00000011964**

1. Entity Name

MUNDO NUEVO IMPORT & EXPORT, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5280 NW 165 STREET

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

4. FEI Number

65-1043794

Applied For

Not Applicable

Zip

33014

Country

MIAMI - DADE

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RICARDO CHAHIN

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

5280 NW 165 STREET

City

MIAMI

FL

Zip Code

33014

**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

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAHIN, RICARDO E. AVE. JUNIOR 8 Y 9 CALLE SAN PEDRO SULA HONDURAS, C.A.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAHIN, MIGUEL A. AVE. JUNIOR 8 Y 9 CALLE SAN PEDRO SULA HONDURAS, C.A.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAHIN, MIREYA B. AVE. JUNIOR 8 Y 9 CALLE SAN PEDRO SULA HONDURAS, C.A.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAHIN, KRISTINA N. AVE. JUNIOR 8 Y 9 CALLE SAN PEDRO SULA HONDURAS, C.A.
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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: **Mireya de C. Chahin**

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

4/22/02 (305) 520-1088

Date

Daytime Phone #

CR2E083B (12/01)