Apr 28 03 03:58p Richard Mercado

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May 02, 2003 8:00 am
Secretary of State
05-02-2003 90581 048 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

30066851

DOCUMENT# L00000011964

1. Entity Name

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5280 N.W. 165 STREET	5280 N.W. 165 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33014 Country: MIAMI-DADE	Zip: 33014 Country: MIAMI-DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1043794 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RICARDO CHAHIN

Street Address (P.O. Box Number is Not Acceptable): 5280 N.W. 165 STREET

City: MIAMI FL Zip Code: 33014

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR		TITLE:	
NAME: CHAHIN, RICARDO E.		NAME:	
STREET ADDRESS: AVE. JR. 8 Y 9 CALLE S. PEDROSULA		STREET ADDRESS:	
CITY-ST-ZIP: HONDURAS, C.A.		CITY-ST-ZIP:	
TITLE: MGR		TITLE:	
NAME: CHAHIN, MIGUEL A.		NAME:	
STREET ADDRESS: AVE. JR. 8 Y 9 CALLE S. PEDROSULA		STREET ADDRESS:	
CITY-ST-ZIP: HONDURAS, C.A.		CITY-ST-ZIP:	
TITLE: MGR		TITLE:	
NAME: CHAHIN, MIREYA D.		NAME:	
STREET ADDRESS: AVE. JR. 8 Y 9 CALLE S. PEDROSULA		STREET ADDRESS:	
CITY-ST-ZIP: HONDURAS, C.A.		CITY-ST-ZIP:	
TITLE: MGR		TITLE:	
NAME: CHAHIN, CRISTINA N.		NAME:	
STREET ADDRESS: AVE. JR. 8 Y 9 CALLE S. PEDROSULA		STREET ADDRESS:	
CITY-ST-ZIP: HONDURAS, C.A.		CITY-ST-ZIP:	
TITLE:		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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: _____ 04/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

STFR1 05519F1