2001 UNIFORM BUSINESS REPORT	(UBR)
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1. Entity Nar	JMENT # C LOOO	00012297	•		FILE	D	-		
VENEGRIOS VENEZUELA, LLC				_ (01 MAY -1 PM 5: 48				
Principal Place of Business Mailing Address		-	TÀ	SECRETARY OF STATE TALLAHASSEE, FLORIDA					
	ITH STREET. SUITE 309 PINES FL 33028	13701 NW 4TH STREET. PEMBROKE PINES FL 33	-						
2. Principal	Place of Business	3. Mailing Address	-						
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	<u>-</u>		· DO NO	T WRITE IN TH	S SPACE		
City & Sta	te	City & State	-	4. FEI	Number 1045	うしろ	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country		ificate of Status Des	sired 🗆	\$5.00 Add	ditional	
	6. Name and Address of Current	t Registered Agent	·	7. Nam	ne and Address of	New Registere	d Agent		
			Name						
SIDLOSC	CA, RANDALL L		Street Ad	rress (P.O. Box N	Number is Not'Acce	entable)			
	ITH BISCAYNE BLVD SUITE 800		+	3.000 (1.0.20.1		, <u>, , , , , , , , , , , , , , , , , , </u>		~~.	
MIAMI FL									
MINIM L	_ 33131		City		· · · · · · · · · · · · · · · · · · ·	F	Zip Cod	e	
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8. The above	e named entity submits this statement f	or the purpose of changing its	egistered office or r	egistered agent,	or both, in the State	e of Florida.			
	e named entity submits this statement for submits and statement for submits and statement for submits and statement for submits and submits are submits and submit	t and title if applicable. (NOT	E Registered Agent signature	required when reinstat		e of Florida.	-		
		t and title if applicable. (NOT	E Registered Agent signature	required when reinstat					
SIGNATURE		t and title if applicable. (NOT FILE N Make Check Pa	Registered Agent signature W!!! FEE IS \$5	required when reinstat	ting)		*		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOT FILE N Make Check Pa	Registered Agent signature W!!! FEE IS \$5	required when reinstat	ADDIT	DATE TONS/CHANGE	ES Change	☐ Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent MANAGING MEME MGR SAYAGO, MARIA I 13701 NW 4TH STREET, SUITE	t and title if applicable. (NOT FILE N Make Check Pa BERS/MEMBERS Delete	E Registered Agent signature W!!! FEE IS \$5 able to Departm	required when reinstat	ADDIT	DATE TONS/CHANGE		구기 014	
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Daytime Phone #