

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000012927**

1. Entity Name  
**DULCERIA ANDREINA - USA, L.L.C.**

**FILED**

**01 JAN 26 PM 3:21**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**9320 FONTAINBLEAU BLVD. #201  
MIAMI FL 33172**

Mailing Address  
**9320 FONTAINBLEAU BLVD. #201  
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

*see attached ss-4 appl.*

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PERDOMO, MICHELLE L.~~  
**100 NORTH BISCAYNE BLVD., SUITE 3000  
MIAMI FL 33132**

Name  
**Miguel Hernandez**

Street Address (P.O. Box Number is Not Acceptable)  
**9320 Fontainebleau Blvd # 201**

**Miami FL 33172**

City

**FL**

Zip Code

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

*Manager*

(NOTE: Registered Agent signature required when reinstating)

*1/19/01*  
DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
**MGR**  
NAME  
**MIGUEL HERNANDEZ, JOSE**  Delete  
STREET ADDRESS  
**9320 FONTAINBLEAU BLVD. #201**  
CITY-ST-ZIP  
**MIAMI FL 33172**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**900003631889--8**  
**-02/02/01--01140--024**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**

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

*1/19/01*  
Date

Daytime Phone # **305 480 7439**

CR2E083 (11/00)