

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 10, 2002 8:00 am
Secretary of State

06-10-2002 90465 015 ****55.00

DOCUMENT # L01000007112

1. Entity Name

UNIQUE FOOD PRODUCTS, LLC

Principal Place of Business

**4500 OAK CIRCLE, SUITE B11
BOCA RATON FL 33431**

Mailing Address

**4500 OAK CIRCLE, SUITE B11
BOCA RATON FL 33431**

2. Principal Place of Business

P.O. Box 811712

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 811712

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON, FL

4. FEI Number

65-1101775

Applied For

Not Applicable

Zip

33431

Country

USA

Zip

33431

Country

USA

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

**CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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
MGR	BANER, DUSTAVO DANIEL	11443 SEAGRAS CIRCLE	BOCA RATON FL 33498	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGR	BANER, DIEGO	5004 NW 24TH CIRCLE	BOCA RATON FL 33431	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGR	ZYLBERBERG, JAVIER	21218 ST. ANDREWS BLVD., #116	BOCA RATON FL 33433	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

5/29/02

(561) 487-7887

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

Date

Daytime Phone #

CR2E083 (9/01)