

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000008855**

1. Entity Name

KOTAS KAEN, L.L.C.

FILED

02 JUN -3 PM 12:00

Principal Place of Business Mailing Address

**8901 SW 76 ST
MIAMI, FL 33173**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JUAN S. ONDARZA
8901 SW 76 ST.
MIAMI, FL 33173**

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

Juan S. Ondarza

(NOTE: Registered Agent signature required when reinstating)

5/31/2002

DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME	ALMARRA CORPORATION	<input type="checkbox"/> Delete
STREET ADDRESS	8901 SW 76 ST	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE NAME	CARIBBEAN WORLD INC	<input type="checkbox"/> Delete
STREET ADDRESS	8500 NW 66 ST	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE NAME	JOSAN U.S.A. CORPORATION	<input type="checkbox"/> Delete
STREET ADDRESS	5756 NW 98 CT	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	900005677939--1	
CITY-ST-ZIP	-06/04/02--01075--003	
	*****50.00 *****50.00	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Juan S. Ondarza

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

5/31/2002

Date

305-632-3634

Daytime Phone #

FILED

DATE JUN 53 / 37 / 2002

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FL. DEPARTMENT OF STATE
ANNUAL REPORT

PER OUR CONVERSATION PLEASE CHECK YOUR RECORDS THAT MY

CORPORATION A KOTAS KAEN, L.L.C.

DOCUMENT # LD1000008855

NEVER RECEIVED THE ANNUAL REPORT THIS YEAR. PLEASE ACCEPT OUR
PAYMENT WITHOUT PENALTY DUE TO THAT WE NEVER RECEIVED THE
REPORT.

THANKING YOU IN ADVANCE


SIGNATURE

JUAN J. ONDARZA
PRINT NAME/ TITLE

MANAGER