

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90085 009 ****50.00

DOCUMENT # L01000009026

1. Entity Name

3 B'S CASH AND CARRY STORE, LLC

Principal Place of Business

C/O REYGADAS AND ASSOCIATES
 100 S.E. SECOND ST., STE. 2600
 MIAMI FL 33131

Mailing Address

C/O REYGADAS AND ASSOCIATES
 100 S.E. SECOND ST., STE. 2600
 MIAMI FL 33131

2. Principal Place of Business

7985 West 20th Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33014

Country

Dade

Zip

Country

4. FEI Number

65-1115750

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REYGADAS, JOSE A
 REYGADAS & ASSOCIATES
 100 S.E. SECOND ST., STE. 2600
 MIAMI FL 33131

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☒ Addition
 NAME **Managing member**
 STREET ADDRESS **Ricardo Toies**
 CITY-ST-ZIP **7985 West 20th Ave. Hialeah, Florida 33014**

TITLE ☐ Change ☒ Addition
 NAME **Managing member**
 STREET ADDRESS **Carlos Toies**
 CITY-ST-ZIP **7985 West 20th Ave. Hialeah, Florida 33014**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Ricardo Toies
SIGNATURE REQUIRED

4/25/02

Date

(305) 698-0095

Daytime Phone #

CR2E083 (9/01)