

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 03, 2003 8:00 am
Secretary of State

07-03-2003 90001 013 ****50.00

DOCUMENT # L01000009026

1. Entity Name

3 B'S CASH AND CARRY STORE, LLC



Principal Place of Business

7895 WEST 20TH AVE.
HIALEAH FL 33014

Mailing Address

C/O REYGADAS AND ASSOCIATES
~~100 S.E. SECOND ST., STE. 2000~~
MIAMI FL 33131

2. Principal Place of Business

548 W. 18th street

3. Mailing Address

201 SOUTH BISCAYNE BLVD

Suite, Apt. #, etc.

HIALEAH

Suite, Apt. #, etc.

28th FLOOR

City & State

FLORIDA

City & State

MIAMI FLORIDA

Zip
33010

Country
USA

Zip
33131

Country
USA



☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

REYGADAS, JOSE A
REYGADAS & ASSOCIATES
~~100 S.E. SECOND ST., STE. 2000~~
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

201 SOUTH BISCAYNE BLVD

28th FLOOR

City
MIAMI

FL

Zip Code
33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

05/01/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME ~~**JOES, RICARDO**~~
STREET ADDRESS **7985 WEST. 20TH AVE.**
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE ☒ Change ☐ Addition
NAME **IOJES RICARDO**
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME ~~**JOES, CARLOS**~~
STREET ADDRESS **7985 WEST. 20TH AVE.**
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE ☒ Change ☐ Addition
NAME **IOJES CARLOS**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

05/01/03

305-300-5759

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

Date

Daytime Phone #

CR2E083 (10/02)