

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90135 040 \*\*\*\*50.00

DOCUMENT # L010Q0013587

1. Entity Name

MIA PERISHABLES CENTER, LLC

**DO NOT WRITE IN THIS SPACE**

954611

2. Principal Place of Business

6445 NW 25 St. DCAD2121/

3. Mailing Address

P.O. Box 520868

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida 33122

City & State

Miami, Florida

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33122

Country

USA

Zip

33152

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

PENINSULA REGISTERED AGENTS, INC.

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

200 S. Biscayne Blvd., 43rd 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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Member  
Ullrich, Peter  
P.O. Box 520868  
Miami, FL 33152

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Member  
Gelfman, Daniel  
P.O. Box 520868 Miami, FL 33152

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**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

Daniel Gelfman, Member

(305)526-5601

CR2E083B (12/01)