2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State
03-05-2002 90001 035 ****50.00

DOCUMENT # L01000015842

1. Entity Name
MIACUCINA, LLC

930315

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
16505 NORTHWEST 90TH AVE. MIAMI LAKES FL 33018	16505 NORTHWEST 90TH AVE. MIAMI LAKES FL 33018

2. Principal Place of Business	3. Mailing Address
180 NE 39 St	180 NE 39 St
Suite, Apt. #, etc.: 120	Suite, Apt. #, etc.: 120
City & State: Miami, FL	City & State: Miami, FL
Zip: 33137 Country: USA	Zip: 33137 Country: USA

4. FEI Number 65-1154709 ☐ 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
ROUCO, REYNALDO JR. 16505 NORTHWEST 90TH AVE. MIAMI LAKES FL 33018	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	MGRM ROUCO, RENALDO JR. 16505 NORTHWEST 90TH AVE. MIAMI LAKES FL 33018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MURPHY, MARK E 180 NORTHEAST 39TH STREET, SUITE 122 MIAMI FL 33137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Murphy, Mark E. 180 NE 39 Street, Ste 120 Miami, FL 33137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ROUCO, REYNALDO 7852 WEST 15TH COURT HIALEAH FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

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: _____ 2/22/02 3055765200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #