

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 08, 2003 8:00 am**  
**Secretary of State**

04-08-2003 90026 040 \*\*\*\*50.00

0022135

**DOCUMENT # L01000020106**

1. Entity Name  
**INTERAMERICANA U.S.A., L.L.C.**



Principal Place of Business      Mailing Address

**2931 N.E. 185TH STREET  
STE. #1106  
AVENTURA FL 33180**

**2931 N.E. 185TH STREET  
STE. #1106  
AVENTURA FL 33180**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CARLOS E. GARCIA C.P.A., P.A.  
4995 N.W. 72ND AVE. SUITE 208  
MIAMI FL 33166**

4. FEI Number **65-1155483**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b> <input type="checkbox"/> Delete
NAME	<b>HWA YU, CHEN</b>
STREET ADDRESS	<b>2931 N.E. 186TH STREET</b>
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete
NAME	<b>CHEN, DAVID</b>
STREET ADDRESS	<b>2931 N.E. 186TH STREET</b>
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete
NAME	<b>DAN CHEN, TAO SHUH</b>
STREET ADDRESS	<b>2931 N.E. 186TH STREET</b>
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete
NAME	<b>CHEN, ALICE</b>
STREET ADDRESS	<b>2931 N.E. 186TH STREET</b>
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete
NAME	<b>CHEN, HELENA</b>
STREET ADDRESS	<b>2931 N.E. 186TH STREET</b>
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete
NAME	<b>CHEN, JULIE</b>
STREET ADDRESS	<b>2931 N.E. 186TH STREET</b>
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carolina Requinto Chen*      04/03/03      (305) 788 0611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)