

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

**FILED**  
**Sep 22, 2002 8:00 am**  
**Secretary of State**

09-22-2002 90066 014 \*\*\*\*50.00

**DOCUMENT #** L01000021864

**1. Entity Name**

**132 Warehouse, LLC**

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
**8855 Collins Avenue**

**3. Mailing Address**  
**13250 S.W. 128th. Street**

**Suite, Apt. #, etc.**  
**9 C**

**Suite, Apt. #, etc.**  
**111**

**City & State**  
**Surfside, Florida**

**City & State**  
**Miami, Florida**

**Zip**  
**33140**

**Country**  
**USA**

**Zip**  
**33186**

**Country**  
**USA**

**4. FEI Number** **80-0036577**

**Applied For**  
**Not Applicable**

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

**7. Name and Address of Current Registered Agent**

**Name** **Ernesto Pereira Lopes**

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

**13250 S.W. 128th. Street - Unit 111**

**City** **Miami**

**FL** **Zip Code**  
**33186**

**DO NOT WRITE  
IN THIS SPACE**

**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*

**Ernesto P. Lopes**

**09/17/02**

**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**

**Luis Rocha - MGRM**  
**8855 Collins Avenue - 9C**  
**Surfside, Florida - 33140**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**Ernesto P. Lopes - MGRM**  
**12294 S.W. 140th. Street**  
**Miami, Florida - 33186**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**Gilberto Neves - MGRM**  
**8488 S.W. 94 Street**  
**Miami, Florida - 33156**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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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:**

**Ernesto Lopes**

**09/17/02**

**305-969-3136**

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

**Date**

**Daytime Phone #**

CR2E083B (12/01)