

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90035 011 ***150.00

DOCUMENT # L02000000569			
1. Entity Name KEYSTONE EMPORIUM, L.L.C.			
Principal Place of Business 12113 SW 131ST AVE. MIAMI, FL 33186		Mailing Address 12113 SW 131ST AVE. MIAMI, FL 33186	
2. Principal Place of Business 1030 East 32 street		3. Mailing Address 1030 East 32 street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah Florida		City & State Hialeah Florida	
Zip 33013	Country U.S.A	Zip 33013	Country U.S.A
4. FEI Number 37-1417159		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent OROZCO, RAUL E 12113 SW 131ST AVE. MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Martha Lewis Street Address (P.O. Box Number is Not Acceptable) 1030 East 32 Street City Hialeah FL Zip Code 33013	
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 <i>Martha L. Lewis</i> MARTHA LEWIS 04-09-03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE			
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR OROZCO, RAUL E 12113 SW 131ST AVE. MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAUL OROZCO 1030 E. 32 St. Hialeah, FL 33013 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OROZCO, JOSE E 12113 SW 131ST AVE. MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOSE E. OROZCO 1030 E. 32 St. Hialeah, FL 33013 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SILVA, GABRIEL 12113 SW 131ST AVE. MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GABRIEL SILVA 1030 E. 32 St. Hialeah FL 33013 ☒ 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
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 606, Florida Statutes.			
SIGNATURE: <i>Martha L. Lewis</i>		MARTHA LEWIS 04-09-03 (305) 595-4278	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

JOSE OROZCO 04-09-03 (305) 213-7383

CR2003 (10/02)