

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-08-2003 90023 001 ****55.00

DOCUMENT # L02000003646

1. Entity Name

FLORISSIMA USA L.L.C.



Principal Place of Business

Mailing Address

**2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES FL 33134**

**2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES FL 33134**

2. Principal Place of Business

13259 S.W. 135 Ave

3. Mailing Address

13259 SW 135 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL 33186

City & State

Miami FL

Zip

33186

Country

Dade

Zip

33186

Country

Dade

4. FEI Number

03-0388414

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PRATS, GABRIEL
2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES FL 33134**

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

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COROMINA, MARIA TERESA 2121 PONCE DE LEON BLVD. CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EMILIANI, MARGARITA 2121 PONCE DE LEON BLVD. CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUINTERO, EDGAR A 2121 PONCE DE LEON BLVD. CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE: *[Signature]*

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

3/27/03 (305)234-0004

Date

Daytime Phone #

CR2E083 (10/02)