

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90047 004 ****50.00

0001152

DOCUMENT # L02000003810

1. Entity Name

ANDINA FOOD LLC



Principal Place of Business

Mailing Address

% BERKOWITZ, DICK, POLLACK & BRANT LLP
200 SOUTH BISCAYNE BOULEVARD, SIXTH FLOOR
MIAMI FL 33131

% BERKOWITZ, DICK, POLLACK & BRANT LLP
200 SOUTH BISCAYNE BOULEVARD, SIXTH FLOOR
MIAMI FL 33131

2. Principal Place of Business

1300 CROWN POINT

3. Mailing Address

1300 CROWN POINT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WELLINGTON

City & State

FLORIDA

Zip

33414

Country

USA

Zip

33414

Country

USA

4. FEI Number

35-2165740

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

HAMLIN, JOHN C
2730 S.W. 3RD AVENUE
SUITE 401
MIAMI FL 33129

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **GENERAL MANAGER** ☐ Delete
NAME **LUIS L ELORTONDD**
STREET ADDRESS **1300 CROWN POINT**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

SIC/Plat 216 REQUIRED

08-11-03 (56) 204-2228

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

Date

Daytime Phone #

CR2E083 (4/03)