

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90077 033 ****50.00

DOCUMENT # L02000005010

1. Entity Name
FABUPEL LLC



Principal Place of Business
9949 NW 89 AVE.
BAY #8
MEDLEY, FL 33178

Mailing Address
9949 NW 89 AVE.
BAY #8
MEDLEY, FL 33178



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182004 Chg-LLC CR2E083 (10/03)

4. FEI Number
04-3640070

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAQUERO, NIDIA
9949 NW 89 AVE., BAY #8
MEDLEY, FL 33178

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 reconstituting)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ALARCON, BUENAVENTURA MR.
STREET ADDRESS 11214 SW 156TH PLACE
CITY-ST-ZIP MIAMI, FL 33196

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

TITLE MGR ☐ Delete
NAME BAQUERO, NIDYA G MRS.
STREET ADDRESS 11214 SW 156TH PLACE
CITY-ST-ZIP MIAMI, FL 33196

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

TITLE MGR ☐ Delete
NAME ALARCON, DAVID A MR.
STREET ADDRESS 11214 SW 156TH PLACE
CITY-ST-ZIP MIAMI, FL 33196

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

TITLE MGR ☐ Delete
NAME LOWRY, ISABEL R MRS.
STREET ADDRESS 11214 SW 156TH PLACE
CITY-ST-ZIP MIAMI, FL 33196

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

TITLE MGR ☐ Delete
NAME BUENAVENTURA, ALARCON
STREET ADDRESS 9949 NW 89 AVE., BAY #8
CITY-ST-ZIP MEDLEY, FL 33178

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

TITLE MGR ☐ Delete
NAME BAQUERO, NIDIA
STREET ADDRESS 9949 NW 89 AVE. BAY #8
CITY-ST-ZIP MEDLEY, FL 33178

TITLE ☐ Change ☐ 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:

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

Date

Daytime Phone #

04-23-04