

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90588 024 ***150.00

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DOCUMENT # L02000005010

1. Entity Name

FABUPEL LLC



Principal Place of Business

11214 SW 156TH PLACE
MIAMI FL 33196

Mailing Address

11214 SW 156TH PLACE
MIAMI FL 33196

2. Principal Place of Business

9949 NW 89 Ave.

Suite, Apt. #, etc.

Bay #8.

City & State

Medley FL.

Zip

33178.

Country

USA

3. Mailing Address

9949 NW 89 Ave.

Suite, Apt. #, etc.

Bay #8

City & State

Medley, FL.

Zip

33178

Country

USA



☐ CHECK HERE IF MAKING CHANGES

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

BAQUERO, NIDYA G
11214 SW 156TH PLACE
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name

Nidia Baquero

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

9949 NW 89 AVENUE Bay #8

City

Medley

FL

Zip Code

33178

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALARCON, BUENAVENTURA MR. 11214 SW 156TH PLACE MIAMI FL 33196	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAQUERO, NIDYA G MRS. 11214 SW 156TH PLACE MIAMI FL 33196	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALARCON, DAVID A MR. 11214 SW 156TH PLACE MIAMI FL 33196	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOWRY, ISABEL R MRS. 11214 SW 156TH PLACE MIAMI FL 33196	<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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Alarcon Buena Ventura 9949 NW 89 AVE. Bay #8 Medley, FL. 33178.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Baquero Nidia 9949 NW 89 AVE. Bay #8 Medley, FL. 33178.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alarcon David 9949 NW 89 AVE. Bay #8 Medley, FL. 33178.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lowry Isabel 9949 NW 89 AVE. Bay #8 Medley, FL. 33178.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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

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

Nidia Baquero
Nidia Baquero

Date

Daytime Phone #

04-30-03 (305) 887-5964

CR2E083 (10/02)