
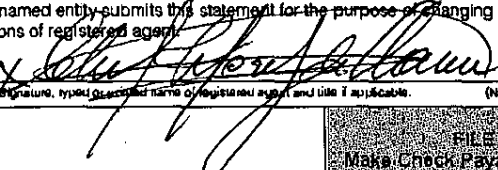
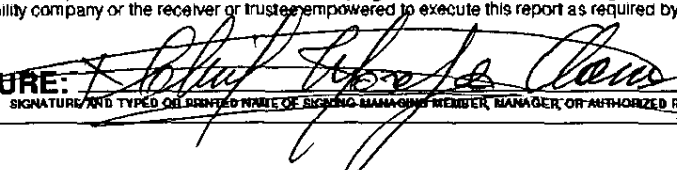


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90581 044 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000005239			
1. Entity Name CHIMOL CHOCRON D'EUROPA, LLC			
Principal Place of Business 11077 BISCAYNE BLVD. FOURTH FLOOR C/O YDA ENTERPRISES, LLC MIAMI, FL 33161		Mailing Address 11077 BISCAYNE BLVD. FOURTH FLOOR C/O YDA ENTERPRISES, LLC MIAMI, FL 33161	
2. Principal Place of Business 18660 COLLINS AVENUE Suite, Apt. #, etc. SUITE 104 City & State SUNNY ISLES BEACH, FL. Zip 33160 Country USA		3. Mailing Address 18660 COLLINS AVE. Suite, Apt. #, etc. SUITE 104 City & State SUNNY ISLES BEACH, FL. Zip 33160 Country USA	
		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DE ABREU, YARA 11077 BISCAYNE BLVD. FOURTH FLOOR MIAMI, FL 33161		7. Name and Address of New Registered Agent Name CHIMOL CHOCRON Street Address (P.O. Box Number is Not Acceptable) 18660 COLLINS AVENUE SUITE 104 City SUNNY ISLES BEACH FL Zip Code 33160	
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  DATE 4/23/03 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
<div style="text-align: center;">FILE NOW!!! FEES \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003</div>			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHOCRON, CHIMOL 11077 BISCAYNE BLVD. FOURTH FLOOR MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER CHOCRON, CHIMOL 18660 COLLINS AVE, #104 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Delete	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"/> Delete	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)(l), 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: 		4/23/03 305-932-5400 Date Daytime Phone #	

CR2E083 (10/02)

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Attachment**
Application for Employer Identification Number(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) CHIMOL CHOCRON D'EUROPA, L.L.C.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name CHIMOL CHOCRON
	4a Mailing address (street address) (room, apt., or suite no.) 18660 COLLINS AVENUE, SUITE 104	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code SUNNY ISLES BEACH, FL 33160	5b City, state, and ZIP code
	6 County and state where principal business is located MIAMI-DADE, FLORIDA	
	7 Name of principal officer, general partner, grantor, owner, or trustor-SSN or ITIN may be required (see instructions) ► CHIMOL CHOCRON #593-08-6508	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> Other corporation (specify) ► |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable) |
| <input checked="" type="checkbox"/> Other (specify) ► MULTIPLE MEMBER L.L.C. | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

- ☒
- Started new business (specify type) ►
- INVEST IN REAL ESTATE**

- ☐
- Hired employees (Check the box and see line 12.)
-
- ☐
- Created a pension plan (specify type) ►

- ☐
- Banking purpose (specify purpose) ►
-
- ☐
- Changed type of organization (specify new type) ►
-
- ☐
- Purchased going business
-
- ☐
- Created a trust (specify type) ►
-
- ☐
- Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)**4/23/03****11 Closing month of accounting year (see instructions)****DECEMBER****12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)****1/1/04****13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)**

Nonagricultural

Agricultural

Household

0**0****0****14 Principal activity (see instructions) ► INVEST IN REAL ESTATE****15 Is the principal business activity manufacturing?**☐ Yes☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.☐ Public (retail)☐ Other (specify) ►☐ Business (wholesale)☒ N/A**17a Has the applicant ever applied for an employer identification number for this or any other business?**☐ Yes☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(305) 1932-5400

Fax telephone number (include area code)

(305) 441-9109

Name and title (Please type or print clearly) ►

Signature ►

Date ►

4/23/03

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying