

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/22/2003-90104-028-\$55.00-\$55.00

0010019

DOCUMENT # L02000005726

1. Entity Name

MEVIC EXPORTS, LLC



FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

6432 W. 8TH LANE  
HIALEAH FL 33012

Mailing Address

6432 W. 8TH LANE  
HIALEAH FL 33012

2. Principal Place of Business

9710 NW 115 WAY

Suite, Apt. #, etc.

BAY 1

City & State

MEDLEY, FL.

Zip

33178

Country

3. Mailing Address

12360 SW 122 ST.

Suite, Apt. #, etc.

ATTN: RICO

City & State

MIAMI, FL.

Zip

33186

Country

4. FEI Number

04-3679808

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, RICO  
% M.P.C. ENTERPRISES, LLC  
8306 NW 142ND ST.  
MIAMI FL 33016

7. Name and Address of New Registered Agent

Name RICO ORTIZ  
Street Address (P.O. Box Number is Not Acceptable)  
12360 SW 122 ST.  
City MIAMI FL 33186

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

Rico Ortiz - RICO ORTIZ

7.23.03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete  
MGRM VILLAMAR, MANUEL  
STREET ADDRESS 6432 W. 8TH LANE  
CITY-ST-ZIP HIALEAH FL 33012

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition  
MGRM VILLAMAR, MANUEL  
STREET ADDRESS 9710 NW 115 WAY BAY #1  
CITY-ST-ZIP MEDLEY, FL. 33178

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

Manuel Villamar

9.20.03

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

Date

Daytime Phone #

CR2E083 (4/03)