

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000009488

1. Entity Name
IMPORTADORA DE PRODUCTOS DE CONSUMO MUNDIAL LLC



Principal Place of Business
9737 NORTHWEST STREET, UNIT 464
MIAMI FL 33178

Mailing Address
9737 NORTHWEST STREET, UNIT 464
MIAMI FL 33178

2. Principal Place of Business

9737 NW 41 ST.

3. Mailing Address

9737 NW 41 ST.

Suite, Apt. #, etc.

UNIT 464

Suite, Apt. #, etc.

UNIT 464

City & State

MIAMI - FL

City & State

MIAMI -

Zip

33178

Country

USA

Zip

33178

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3646001

Applied For:

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name
LOUIE F. CAIR
Street Address (P.O. Box Number is Not Acceptable)
4405 NW 79 AVENUE
SUITE #9
City
MIAMI - FL Zip Code
33166

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

\$0.00

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
STREET ADDRESS
CITY-ST-ZIP
MAKIHARA, MARTA V
9737 NORTHWEST STREET, UNIT 464
MIAMI FL 33178

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
CLAUDIO SCORPO - President
05-17-04

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600036930376
05/19/04--01047--001 **200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
PVST
SCORPO, CLAUDIO
15800 SW 141 COURT
MIAMI - FL 33177

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
REINSTATEMENT 2003-04

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 REQUIRED

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

Date

Daytime Phone #

9-02-03

(305) 477-1581

04/17/2004 10:04