2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/18

FILED
May 12, 2003 8:00 am
Secretary of State
04-18-2003 90079 005 ****50.00

DOCUMENT # L02000010494

1. Entity Name
LA FACTORIA, LLC

Principal Place of Business	Mailing Address
124 COLLINS AVE. MIAMI BEACH FL 33139	124 COLLINS AVE. MIAMI BEACH FL 33139

44001421

2. Principal Place of Business	3. Mailing Address
124 Collins Avenue	7213 N.W 12th street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, FL	City & State: Miami Florida
Zip: 33139 / Country: USA	Zip: 33126 / Country: U.S.A

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0685909 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JALALI, JASSAU
7213 NW 12 ST.
MIAMI FL 33126

7. Name and Address of New Registered Agent

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 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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hassan Jalali 7213 N.W 12th st. Miami Florida. 33126 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BenJelloun Hassan 45 NE 87th street EL PORTAL 33136 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: HASSAN BENJELLOUN [signature] 04/15/03 (305)695 0044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #