

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90126 024 \*\*\*\*50.00

**DOCUMENT # L02000013670**

1. Entity Name

**CACAO ARriba TRADING, LLC**



Principal Place of Business

**1725 MAIN STREET, SUITE NO. 205  
WESTON FL 33326**

Mailing Address

**1725 MAIN STREET, SUITE NO. 205  
WESTON FL 33326**

**44002303**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**56-2281938**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOVAR, LEANA ARIAS-ESO  
WESTON TOWN CENTER  
1725 MAIN STREET, SUITE NO. 205  
WESTON FL 33326**

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 fee 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 **MGR** ☐ Delete  
NAME **ZAMBRANO, JULIO CESAR**  
STREET ADDRESS **1725 MAIN STREET, SUITE NO. 205**  
CITY-ST-ZIP **WESTON FL 33326**

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

TITLE **MGR** ☐ Delete  
NAME **ZAMBRANO, CARLOS ALBERTO**  
STREET ADDRESS **1725 MAIN STREET, SUITE NO. 205**  
CITY-ST-ZIP **WESTON FL 33326**

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

TITLE **MGR** ☐ Delete  
NAME **ZAMBRANO, RICARDO O**  
STREET ADDRESS **1725 MAIN STREET, SUITE NO. 205**  
CITY-ST-ZIP **WESTON FL 33326**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 208, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

*Julio Zambrano*

Date

Daytime Phone

(954) 385 2284  
5/22/03

CR2E083 (10/02)