

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Apr 21, 2003 8:00 am
Secretary of State

02-18-2003 90324 017 *****50.00

DOCUMENT # L02000015134

1. Entity Name

TUDO BEM LLC



Principal Place of Business

Mailing Address

777 N.W. 72ND AVENUE, SUITE 288-41
MIAMI FL 33126

777 N.W. 72ND AVENUE, SUITE 288-41
MIAMI FL 33126

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

04-3687576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

55027716



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 **MEMBER - PRESIDENT** ☐ Delete
NAME **DAISY J. CONTRERAS**
STREET ADDRESS **2370 CHERRY GATEWAY**
CITY-ST-ZIP **HACIENDA HEIGHTS, CA 91745**

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

TITLE **MEMBER - VICE PRESIDENT** ☐ Delete
NAME **RAUL H. SOSA**
STREET ADDRESS **2370 CHERRY GATEWAY**
CITY-ST-ZIP **HACIENDA HEIGHTS, CA 91745**

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

TITLE **MEMBER - SECRETARY** ☐ Delete
NAME **ALEX CALVADEZ**
STREET ADDRESS **1328 S. SANTA FE AVE. UNIT B**
CITY-ST-ZIP **LOS ANGELES CA 90021**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)