

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

05-02-2003 90587 025 ****50.00

DOCUMENT # L02000019145

1. Entity Name

SABATELLA'S USA LLC



Principal Place of Business

~~3270 S.W. 17TH STREET~~
~~MIAMI FL 33145~~

Mailing Address

~~3270 S.W. 17TH STREET~~
~~MIAMI FL 33145~~

33033634

2. Principal Place of Business

7902 NW 36 ST

Suite, Apt. #, etc.

STE #7

City & State

MIAMI FL

3. Mailing Address

7902 NW 36 ST

Suite, Apt. #, etc.

STE #7

City & State

MIAMI FL

4. FEI Number

760716455

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~SABATELLA, ETTORE~~

~~3270 S.W. 17TH STREET~~

~~MIAMI FL 33145~~

7. Name and Address of New Registered Agent

Name **SABATELLA, ETTORE**

Street Address (P.O. Box Number is Not Acceptable)

7902 NW 36 ST

STE #7

City **MIAMI**

FL

Zip Code

33166-6619

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 resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POO SABATELLA CARLO
STREET ADDRESS	7902 NW 36 ST MIAMI FL 33166-6619
CITY-ST-ZIP	VPD
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABATELLA ETTORE
STREET ADDRESS	7902 N.W. 36 ST
CITY-ST-ZIP	MIAMI FL 33166-6619
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE: **X**

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

01/17/03

(301)

Date

Daytime Phone #

CR2003 (10/02)