

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2003 8:00 am**  
**Secretary of State**

03-14-2003 90005 007 \*\*\*\*50.00

**DOCUMENT # L02000020052**

1. Entity Name

**FORTIN SALTENO FOOD L.L.C.**



Principal Place of Business

**1150 N.W. 72ND AVENUE STE. 555  
MIAMI FL 33126**

Mailing Address

**1150 N.W. 72ND AVENUE STE. 555  
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



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**03-0493073**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BASMADJIAN, JUAN CARLOS  
1150 N.W. 72ND AVENUE #555  
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

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, ELSA D</b>	
STREET ADDRESS	<b>1150 N.W. 72ND AVENUE STE. 555</b>	
CITY - ST - ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>SCHIAVOEZ, HORACIO G</b>	
STREET ADDRESS	<b>1150 N.W. 72ND AVENUE STE. 555</b>	
CITY - ST - ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>BASMADJIAN, JUAN C</b>	
STREET ADDRESS	<b>1150 N.W. 72ND AVENUE STE. 555</b>	
CITY - ST - ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>ANSALDI, JORGE A</b>	
STREET ADDRESS	<b>1150 N.W. 72ND AVENUE STE. 555</b>	
CITY - ST - ZIP	<b>MIAMI FL 33126</b>	
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		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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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

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

Date

Daytime Phone #

CR2003 (10/02)