

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90099 004 ****50.00

DOCUMENT # L02000020876

1. Entity Name

PIKAMEL'S FOOD COMPANY LLC



Principal Place of Business

**248 S.E. FIRST STREET
SUITE 402 AND 405
MIAMI FL 33131**

Mailing Address

C/O JOSE SAAVEDRA

20014547

2. Principal Place of Business

3. Mailing Address

9400 S. Dadeland Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Penthouse Five

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33156

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE LAW OFFICES OF JOSE A. SAAVEDRA P.A.
1428 BRICKELL AVE
8TH FLOOR
MIAMI FL 33131**

Name
THE LAW OFFICES OF JOSE A. SAAVEDRA, P.A.
Street Address (P.O. Box Number is Not Acceptable)
**9400 SOUTH DADELAND BOULEVARD
PENTHOUSE FIVE**
City
MIAMI **FL** Zip Code
33156

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 with Filing)

**DEPARTMENT OF STATE
FOR RECEPTION ONLY**

DATE

1/17/03

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	MGRM FINOL, JUDITH C 248 S.E. FIRST STREET, SUITE 402 AND 405 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BABINO, CESAR A 248 S.E. FIRST STREET, SUITE 402 AND 405 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FINOL, JORGE A 248 S.E. FIRST STREET, SUITE 402 AND 405 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAGOKORO CORPORATION 248 S.E. FIRST STREET, SUITE 402 AND 405 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

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

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
MAGOKORO CORP

Jan 16/03

305-5331001

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

Date

Daytime Phone #

CR2E083 (10/02)