

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90190 008 ****55.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000023168		
1. Entity Name CARTONES LOPEZ, LLC		
Principal Place of Business BAYPOINT OFFICE TOWER 4770 BISCAYNE BLVD., SUITE 1040 MIAMI, FL 33137		Mailing Address BAYPOINT OFFICE TOWER 4770 BISCAYNE BLVD., SUITE 1040 MIAMI, FL 33137
2. Principal Place of Business 546 n.e 199th Lane		3. Mailing Address 546 n.e 199th Lane
Suite, Apt. #, etc. 4-W		Suite, Apt. #, etc. 4-W
City & State Miami, FL		City & State Miami, FL
Zip 33179 Country USA		Zip 33179 Country 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 USA SOLUTIONS, LC BAYPOINT OFFICE TOWER, SUITE 1040 4770 BISCAYNE BOULEVARD MIAMI, FL 33137		7. Name and Address of New Registered Agent Name: America Visa Network Street Address (P.O. Box Number is Not Acceptable) 546 n.e 199th Lane # 4-w City Miami FL 33179
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: <i>America Visa Network</i> MG EN. 042203 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when appointing)		
FILE NOW!!! FEE IS \$30.00 Make Check Payable to Florida Department of State Due By May 1, 2003		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE: MGRM ☐ Delete NAME: LOPEZ, LUIS STREET ADDRESS: 546 n.e 199th Lane #4w CITY-ST-ZIP: Miami- FL 33179		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: MGRM ☐ Delete NAME: GARCIA, ROMELIA STREET ADDRESS: 546 n.e 199th Lane #4w CITY-ST-ZIP: Miami- FL 33179		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
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TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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 808, Florida Statutes. SIGNATURE: <i>[Signature]</i> 042203 305-652-6375 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		

30063993



☒ CHECK HERE IF MAKING CHANGES

CR2E083 (1/02)