

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

05-02-2003 90757 031 \*\*\*\*50.00

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

DOCUMENT # L02000023868

1. Entity Name

DISTRIBUTION CONCEPTS LLC



**DO NOT WRITE IN THIS SPACE**

44003265

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

255 ALHAMBRA CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

640

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

City & State

Zip 33134

Country

Zip

Country

4. FEI Number

14-1848845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

RAFAEL VILLODO

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

255 ALHAMBRA CIRCLE

SUITE #640

City

CORAL GABLES

FL

Zip Code

33134

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

4/30/03

DATE

FEES \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY

9. MANAGING MEMBERS/MANAGERS

TITLE: RENE GARCIA PRESIDENT/MANAGER  
NAME: 255 ALHAMBRA CIRCLE, #640  
STREET ADDRESS: CORAL GABLES, FL. 33134  
CITY-ST-ZIP:

TITLE: RAMON FALERO/PRESIDENT/MANAGER  
NAME: 255 ALHAMBRA CIRCLE, #640  
STREET ADDRESS: CORAL GABLES, FL. 33134  
CITY-ST-ZIP:

TITLE:  
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IN THIS SPACE**

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

4/30/03 (305) 448-2240

Date

Daytime Phone #