

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90075 001 ****50.00
02-05-2003 90075 002 *****5.00

DOCUMENT # L02000028784



1. Entity Name
G & B FOODS, LLC

Principal Place of Business
**750 N.W. 170TH TERRACE
PEMBROKE PINES FL 33028**

Mailing Address
**750 N.W. 170TH TERRACE
PEMBROKE PINES FL 33028**

2. Principal Place of Business
750 NW 170 terrace
Suite, Apt. #, etc.

3. Mailing Address
750 NW 170 terrace
Suite, Apt. #, etc.

City & State
Pembroke Pines, FL
Zip
33028
Country
USA

City & State
Pembroke Pines, FL
Zip
33028
Country
USA

4. FEI Number
68-0527823

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MURDOCH, ROBERT E
790 E. BROWARD BOULEVARD
SUITE 400
FORT LAUDERDALE FL 33301**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	MGRM			<input checked="" type="checkbox"/>
	GUTIERREZ, CECILA			
	750 N.W. 170TH TERRACE			
	PEMBROKE PINES FL 33028			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	MGRM			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Gutierrez, Cecilia				
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Cecilia Gutierrez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/27/03 9543920126
Date Daytime Phone #

CR2E083 (10/02)