

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

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90757 032 ****50.00

DOCUMENT # **L02000029275**

1. Entity Name

DISTRIBUTION HORIZONS LLC



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

04-3721349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RAFAEL VILLOLDO

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

**255 ALHAMBRA CIRCLE
SUITE #640**

City

CORAL GABLES

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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)(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

Date

Daytime Phone #

(305) 448-2240