

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90080 035 *****55.00

0063231

DOCUMENT # L02000030349

1. Entity Name

BRAFICA TRADING, L.L.C.



Principal Place of Business

**2063 S.W. 158 AVENUE
MIRAMAR FL 33027**

Mailing Address

**2063 S.W. 158 AVENUE
MIRAMAR FL 33027**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**L.A.W.S. LEGAL ASSISTANCE WORLD SERVICE CO
11890 S.W. 8 STREET PENTHOUSE VII
MIAMI FL 33184**

7. Name and Address of New Registered Agent

Name **USA Business Consulting Group, Corp.**
Street Address (P.O. Box Number is Not Acceptable)
11890 S.W. 8th Street Penthouse VII
City **MIAMI** FL Zip Code **33184**

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

Felipe Canizales **Felipe Canizales President** **03/01/2003**

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	MGR BRAZZAROLA, MARIO J 2063 S.W. 158 AVENUE MIRAMAR FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAZZAROLA, LUISA A 2063 S.W. 158 AVENUE MIRAMAR FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAZZAROLA, MIGUEL D 2063 S.W. 158 AVENUE MIRAMAR FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIGUEROA, LUISA 2063 S.W. 158 AVENUE MIRAMAR FL 33027	<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

10. ADDITIONS/CHANGES

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
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
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:

Luisa Brazzarola **REQUIRED**

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

Date

Daytime Phone #

03/01/2003 954-443-36-64

CR2E083 (10/02)