

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90043 042 ****55.00

DOCUMENT # L03000014374

1. Entity Name
UNIFIC LABORATORIES, L.L.C.



Principal Place of Business
1 S.E. 3RD AVENUE, SUITE 960
MIAMI, FL 33131

Mailing Address
1 S.E. 3RD AVENUE, SUITE 960
MIAMI, FL 33131

24053909

2. Principal Place of Business
4692 N.W. 74 AVE

3. Mailing Address
4692 N.W. 74 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132004 Chg-LLC CR2E083 (10/03)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number ☐ Applied For
☒ Not Applicable

Zip **33166** Country **MIAMI-DADE**

Zip **33166** Country **MIAMI-DADE**

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

6. Name and Address of Current Registered Agent

LESLIE ALAN ROZENCWAIG, P.A.
1 S.E. 3RD AVENUE, SUITE 960
MIAMI, FL 33131

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

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
ROBERTO PREGO-MGR
4692 N.W. 74 AVE
MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
JUAN E. ROMAGOSA-MGR
4692 N.W. 74 AVE
MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

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

4-21-04

Date

(305) 406-9767

Daytime Phone #