2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000192

1. Entity Name

BMB FOODS L.C.

FILED

01 MAY 16 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11725 N.W. 100th ROAD	P.O. BOX 526303
Suite, Apt. #, etc.: STE 4	Suite, Apt. #, etc.:
City & State: MIAMI, FL	City & State: MIAMI FL
Zip: 33178 Country:	Zip: 33152-6303 Country:

4. FEI Number: 65-0729167 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAUL CONTESSA, ESQ. 15321 SOUTH DIXIE HIGHWAY STE 207 MIAMI, FL 33157	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $60.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ALBERTO ABRANTE, SR 11725 N.W. 100th RD., STE 4 MEDLEY, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JOSE ABRANTE, SR. 11725 N.W. 100th RD., STE 4 MEDLEY, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700004418287--8 -05/12/01--01064--022
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JOSE ABRANTE, JR. 11725 N.W. 100th RD., STE 4 MEDLEY, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*****55.00 ☒ Change *****55.00 ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LORENZO SERVITJE-MONTULL 11725 N.W. 100th RD., STE 4 MEDLEY, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

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: _____ 4/26/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

STF FLS2519F.1