LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91002 020 ****55.00

DOCUMENT # L97000000192

1. Entity Name

BMB FOODS L.C.

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.: SUITE 4	Suite, Apt. #, etc.:
City & State: MEDLEY, FL	City & State: MIAMI, FL
Zip: 33178 Country: USA	Zip: 33152-6303 Country: USA

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: PAUL CONTESSA, ESQ

Street Address (P.O. Box Number is Not Acceptable): 15321 SOUTH DIXIE HIGHWAY, STE 207

City: MIMI **FL** Zip Code: 33157

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	TITLE	
NAME	ALBERTO ABRANTE, SR.	NAME	
STREET ADDRESS	11725 N.W. 100th ROAD, STE 4	STREET ADDRESS	
CITY - ST - ZIP	MEDLEY, FL 33178	CITY - ST - ZIP	
TITLE	MGRM	TITLE	
NAME	JOSE ABRANTE, SR.	NAME	
STREET ADDRESS	11725 N.W. 100th ROAD	STREET ADDRESS	
CITY - ST - ZIP	MEDLEY, FL 33178	CITY - ST - ZIP	
TITLE	MGRM	TITLE	
NAME	JOSE ABRANTE, JR.	NAME	
STREET ADDRESS	11725 N.W. 100th ROAD	STREET ADDRESS	
CITY - ST - ZIP	MEDLEY, FL 33178	CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE	MGRM	TITLE	
NAME	LORENZO SERVITJE-MONTULL, JR.	NAME	
STREET ADDRESS	11725 N.W. 100th ROAD	STREET ADDRESS	
CITY - ST - ZIP	MEDLEY, FL 33178	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

CR2E083B (12/02)

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: _____ 04-17-03 (305) 592-5558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

STF FL32519F.1