

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002936

1. Entity Name  
SWEETS OF LATIN AMERICA, L.C.

Principal Place of Business  
2340 PRAIRIE AVENUE  
MIAMI BEACH FL 33140

Mailing Address  
P.O. BOX 403048  
MIAMI BEACH FL 33140-048

FILED

2001 MAY -2 AM 10:57

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0870448

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

WARREN, JOSEPH C  
2340 PRAIRIE AVENUE  
MIAMI BEACH FL 33140

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 *Joseph C. Warren*  
Signature, typed or printed name of registered agent and title if applicable.

*Joseph C. Warren*

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/28/01*

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM WARREN, JOSEPH C ☐ Delete  
STREET ADDRESS 2340 PRAIRIE AVENUE  
CITY-ST-ZIP MIAMI BEACH FL 33140

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

TITLE NAME MGRM DELPECH, VERONICA C ☐ Delete  
STREET ADDRESS RETORNO CENTRAL ORIENTE NO. 21-F  
CITY-ST-ZIP 09089 MEXICO, D.F., MEXICO

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300004335283--7  
CITY-ST-ZIP -05/31/01--01009--013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGRM RAMIREZ, ALFREDO C ☒ Delete  
STREET ADDRESS APARTADO POSTAL 40-016  
CITY-ST-ZIP 06140 MEXICO, D.F., MEXICO

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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

Date

Daytime Phone #

*4/28/01*

*(305) 675-2250*

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CR2E083 (11/00)