

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000840

1. Entity Name  
MIAMI INTERNATIONAL DEPOT, L.C.

Principal Place of Business  
14107 S.W. 139TH COURT  
MIAMI FL 33186

Mailing Address  
14107 S.W. 139TH COURT  
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address  
13949 S.W. 91 Terrace

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State  
MIAMI - FLORIDA

Zip

Country

Zip

Country

33186

USA

4. FEI Number 65-0895467

☒ 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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

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 Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME PUIG, MIGUEL  
STREET ADDRESS 9340 SOUTHWEST 137 AVENUE, SUITE 601  
CITY-ST-ZIP MIAMI FL 33186 ☒ Delete

TITLE MGR  
NAME PUIG, MIGUEL  
STREET ADDRESS 13949 S.W. 91 TERRACE  
CITY-ST-ZIP MIAMI - FLORIDA - 33186 ☒ Change ☐ Addition

TITLE MGRM  
NAME COBRE, C.A. A VENEZUELAN CORP.  
STREET ADDRESS CALLE 38 EDIFICIO COBRE  
CITY-ST-ZIP LA URBINA, CACARAS VENEZUELA ☒ Delete

TITLE MGRM  
NAME POLIMETAL, C.A. A VENEZUELAN CORP.  
STREET ADDRESS CALLE 38 EDIF COBRE  
CITY-ST-ZIP LAURBINA, CARACAS - VENEZUELA ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 400004420874--8  
-06/14/01--01104--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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 REQUIRED

04-30-01 786-2290478

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

Date

Daytime Phone #

0026126 AF

CR2E083 (11/00)

FILED

01 MAY 21 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE