

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0004861 AF

DOCUMENT # L99000003177

1. Entity Name
EL BIENVENIDO, LC

00 APR 18 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
15 N.W. 19TH AVENUE
MIAMI FL 33125

Mailing Address
15 N.W. 19TH AVENUE
MIAMI FL 33125-5407



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MINI

4. FEI Number

65-0925541

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

ALONSO, PEDRO
6701 COLLINS AVE., APT 421
MIAMI BEACH FL 33141

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 MGRM
NAME NODARSE, ISRAEL
STREET ADDRESS 3339 N. MILWAUKEE AVE.
CITY-ST-ZIP CHICAGO IL 60618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME ALONSO, PEDRO
STREET ADDRESS 6701 COLLINS AVE., APT. 421
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE
NAME ALONSO, PEDRO
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)