

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008244 AF

DOCUMENT # L99000003177

1. Entity Name  
EL BIENVENIDO, LC

FILED

01 JAN 29 AM 10:25

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0925541

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE NAME 400003631334 ☐ Change ☐ Addition  
STREET ADDRESS -02/05/01--01009--011  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

TITLE NAME ☐ Change ☐ Addition  
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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 REQUIRED

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

Date

Daytime Phone #

1/23/2001 (315) 541-3152

CR2E083 (11/00)