

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 30 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0008773 AF

DOCUMENT # L99000004878

1. Entity Name
BUONGUSTO FOOD DISTRIBUTION, L.C.

Principal Place of Business
C/O LARREA & ORTEGA
2300 CORAL WAY SUITE 111
MIAMI FL 33145

Mailing Address
C/O LARREA & ORTEGA
2300 CORAL WAY SUITE 111
MIAMI FL 33145-3511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0939320

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

DADE CORPORATE SERVICES
2300 CORAL WAY
SUITE 103
MIAMI FL 33145

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

600003256506--5
-05/18/00--01009--003
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME BELLUCCI, FRANCESCO
STREET ADDRESS C/O LARREA & ORTEGA 2300 CORAL WAY STE 111
CITY- ST- ZIP MIAMI FL 33145

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 #

FrancESCO Bellucci 4/28/00 (305)858-5556

CR2E083 (9/99)