

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90004 029 ****50.00

DOCUMENT # L99000006727

1. Entity Name

MADNESS LATINA DISTRIBUTION, LLC



Principal Place of Business

**10290 S.W. 137TH PLACE
MIAMI FL 33186**

Mailing Address

**10290 S.W. 137TH PLACE
MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0954129**

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

**CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BOULEVARD
1500 MIAMI CENTER
MIAMI FL 33131**

Name

George Brito

Street Address (P.O. Box Number is Not Acceptable)

407 Lincoln Rd #500

City

Miami Beach FL

Zip Code

33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-22-03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **SOURCEAL, ELISABETH**
STREET ADDRESS **10290 SW 137TH PLACE**
CITY-ST-ZIP **MIAMI FL 33188**

TITLE **MGR** ☒ Change ☐ Addition
NAME **SOURCEAL, ELISABETH**
STREET ADDRESS **10221 SOUTHWEST 143 STREET**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **MGR** ☐ Delete
NAME **NUNEZ, GISELA**
STREET ADDRESS **10290 SW 137TH PLACE**
CITY-ST-ZIP **MIAMI FL 33188**

TITLE **MGR** ☒ Change ☐ Addition
NAME **NUNEZ, GISELA**
STREET ADDRESS **10221 SW 143 ST**
CITY-ST-ZIP **MIAMI, FL 33176**

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

REQUIRED

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

Date

Daytime Phone #

**(Holly) -> (305) 253 9384
(617) 482 7667**

CR2E083 (10/02)