

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92173 008 \*\*\*\*50.00

0014452

**DOCUMENT # L99000008526**

1. Entity Name

**F.C. USA IMPORTS, L.L.C.**



Principal Place of Business

Mailing Address

**2200 S. DIXIE HWY  
#705  
MIAMI FL 33131**

**2200 S. DIXIE HWY  
#705  
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

**269 GIRALDA AVE.**

Suite, Apt. #, etc.

**SUITE 302**

Suite, Apt. #, etc.

City & State

**COCA GASQUES, FL**

City & State

Zip

**33134**

Country

**USA**

Zip

Country

4. FEI Number

**65-0967483**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZORRILLA & GARCIA-OLIVER, LLC  
2200 S. DIXIE HWY  
#705  
MIAMI FL 33131**

Name

**ANGEL M. GARCIA-OLIVER, P.A.**

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

**269 GIRALDA AVENUE**

**SUITE 302**

City

**COCA GASQUES**

**FL**

Zip Code

**33134**

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)

**4-30-03**

DATE

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
VARUZZA, STEFANO  
201 S. BISCAYNE BLVD, 34TH FLOOR  
MIAMI FL 33131**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

**SIGNATURE REQUIRED**  
**ANGEL M. GARCIA-OLIVER, P.A.**

**4-30-03**

**(315) 446-8431**

CR2E083 (10/02)