

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90386 027 \*\*\*\*50.00

**DOCUMENT # M00000001386**

1. Entity Name

**CAMBRIDGE MEXICAN FOODS, LLC**

Principal Place of Business

Mailing Address

~~6170 CORNERSTONE COURT EAST, SUITE 260~~  
~~SAN DIEGO CA 92121~~

8745 AERO DRIVE, SUITE 306  
 SAN DIEGO CA 92123

2. Principal Place of Business

8745 Aero Drive #306

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

San Diego CA

City & State

Zip

92109

Country

USA

Zip

Country

4. FEI Number

91-2053730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LLEVAT, HERMINIO C  
 1050 NW 13TH ST., #287D  
 BOCA RATON FL 33486

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **LLEVAT, HERMINIO C**  
 STREET ADDRESS **6170 CORNERSTONE COURT EAST, SUITE 260**  
 CITY-ST-ZIP **SAN DIEGO CA 92121**

TITLE **MGR** ☐ Delete  
 NAME **PARNIN-COOK, SCOTT**  
 STREET ADDRESS **13849 WEDDINGTON STREET**  
 CITY-ST-ZIP **SHERMAN OAKS CA 91401**

TITLE **MGR** ☐ Delete  
 NAME **CHRISTODOULO, GEORGE E**  
 STREET ADDRESS **425 SUMMER STREET**  
 CITY-ST-ZIP **BOSTON MA 02210**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

CR2E083 (9/01)

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:

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

02/13/02

(858) 244-0419

Date

Daytime Phone #