

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90030 019 ****50.00

0028275

DOCUMENT # M00000001422

1. Entity Name
SUNBEAM LATIN AMERICA, LLC



Principal Place of Business
**2381 EXECUTIVE CENTER DRIVE
BOCA RATON FL 33431**

Mailing Address
**2381 EXECUTIVE CENTER DRIVE
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number ~~95-7406546~~
36-2958907

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	C	<input type="checkbox"/> Delete
NAME	LEVIN, JERRY W	
STREET ADDRESS	2381 EXECUTIVE CENTER DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, BOBBY G	
STREET ADDRESS	2381 EXECUTIVE CENTER DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FREDERICK, JOHN	
STREET ADDRESS	2381 EXECUTIVE CENTER DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	T	<input type="checkbox"/> Delete
NAME	RICHTER, RONALD R	
STREET ADDRESS	2381 EXECUTIVE CENTER DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GRABASH, MICHELLE	
STREET ADDRESS	2381 EXECUTIVE CENTER DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, BARBARA L	
STREET ADDRESS	3600 N HYDRAULIC	
CITY-ST-ZIP	WICHITA KS 67219	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO - OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCISCO GOMEZ	
STREET ADDRESS	1000 SW 25th Street	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY - OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICTOR J. MICHELS	
STREET ADDRESS	2381 EXECUTIVE CENTER DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33431	

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: **Robert P. Tote** **REQUIRED** **ROBERT P. TOTE** **561-912-4100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)