2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Feb 25, 2003 8:00 am

DOCUMENT # MO100000951 1. Entity Name AHOLD LATIN PRODUCTS, LLC					Secretary of State 02-25-2003 90083 014 ****50.00		
Principal Pla	ace of Business	Mailing Address					
2100 CORAL WAY, STE. 302 MIAMI FL 33145		2100 CORAL WAY, STE. 302 MIAMI FL 33145	!				
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2. Principal	Place of Business	3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEJ Nun	mber 52-2313593	 -	Applied For
Zip	Country-	Zip	Country	5. Certifica	ate of Status Desired	\$5.00 Ac	ot Applicable
	6. Name and Address of Current	Registered Agent		7. Name a	nd Address of New Registe	Fee Require	ed
CORPORATION SERVICE COMPANY			Name	<u> </u>	110 110 110 110 110 110 110	sted Agent	-
120	1 HAYS STREET LAHASSEE FL 32301-2525		Street Ac	ddress (P.O. Box Num	nber is Not Acceptable)		
·			City			FL Zip Coo	
8. The above the obliga	e named entity submits this statement for tions of registered agent.	r the purpose of changing its re	egistered office or i	registered agent, or b	poth, in the State of Florida.	l am familiar with,	and accept
ū	. 9 9-						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signatur	re required when reinstating)		ATE	
			W!!! FEE (S \$5			AIC	
		Make Check Payable	to Florida Depa By May 1, 2003	artment of State			
9.	MANAGING MEMBER	RS/MANAGERS	10.	<u> </u>	ADDITIONS/CHAN	IGES	
TITLE NAME	MGRD REPNARTES EDGARD	☐ Delete	TITLE	MGRD		Change	Addition
STREET ADDRESS	BERNARTES, EDQARD 80N PROSPECT DRIVE		NAME STREET ADDRESS	BERMARDE	ES, EDGARD	" inns	-
CITY-ST-ZIP	CORAL GABLES FL 33133		CITY-ST-ZIP	2975 DEGG	ikilu AVG. 7 33129	カノシン	
TITLE					~ ~ 1 / 54	•	
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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.

CITY-ST-ZIP

CITY-ST-ZIP

G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE