

FILED  
Feb 20, 2003 8:00 am  
Secretary of State

02-07-2003 90013 040 \*\*\*\*55.00

2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000001451

1. Entity Name

PUEBLO INTERNATIONAL, LLC



Principal Place of Business

CAMPO RICO AVENUE  
CORNER LOIZA EXPRESSWAY  
CAROLINA PR 00982

Mailing Address

CAMPO RICO AVENUE  
CORNER LOIZA EXPRESSWAY  
CAROLINA PR 00982

2. Principal Place of Business

3. Mailing Address

Att. Tax Dept

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1300 NW 22nd Street

City & State

City & State

Pompano Beach, FL

Zip

Country

Zip

Country

33069

4. FEI Number

66-0213117

Applied For

Not Applicable

5. Certificate of Status Desired

7

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VEGA, JOSE  
1300 NW 22ND STREET  
POMPAÑO BEACH FL 33069

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

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 Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	CISNEROS, GUSTAVO A	1300 NW 22ND STREET	POMPAÑO BEACH FL 33069	<input type="checkbox"/>
MGR	KEON, WILLIAM T III	1300 NW 22ND STREET	POMPAÑO BEACH FL 33069	<input type="checkbox"/>
MGR	BANDEL, STEVEN	1300 NW 22ND STREET	POMPAÑO BEACH FL 33069	<input type="checkbox"/>
MGR	RIVERA, ALEJANDRO	1300 NW 22ND STREET	POMPAÑO BEACH FL 33069	<input type="checkbox"/>
MGR	PIERETTI, CRISTINA	1300 NW 22ND STREET	POMPAÑO BEACH FL 33069	<input type="checkbox"/>
MGR	CISNEROS, GUILLERMO	1300 NW 22ND STREET	POMPAÑO BEACH FL 33069	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Daniel J. O'Leary* REQUIRED

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

Date

2-4-03

Daytime Phone #

954-977-2500

CR2E083 (10/02)