

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727668

1. Entity Name

LITTLE HAVANA ACTIVITIES & NUTRITION CENTERS OF

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90197 035 \*\*\*\*70.00

Principal Place of Business

Mailing Address

700 S.W. 8TH ST.  
 MIAMI FL 33130

700 S.W. 8TH ST.  
 MIAMI FL 33130-3311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7378008

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARBONELL, JOSEFINA  
 700 S.W. 8TH ST.  
 MIAMI FL 33130

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 \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME CD  
 STREET ADDRESS TORRES, ORLANDO F  
 CITY-ST-ZIP 700 S.W. 8TH STREET  
 MIAMI FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME VCD  
 STREET ADDRESS PEREIRA, SERGIO  
 CITY-ST-ZIP 700 SW 8TH ST  
 MIAMI FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME SD  
 STREET ADDRESS MARRERO, MANUEL  
 CITY-ST-ZIP 700 SW 8TH STREET  
 MIAMI FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME VSD  
 STREET ADDRESS BORGES, LUIS M  
 CITY-ST-ZIP 700 SW 8TH ST  
 MIAMI FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME TD  
 STREET ADDRESS SABATER, CARLOS A  
 CITY-ST-ZIP 700 S.W. 8TH STREET  
 MIAMI FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

Date

(305) 878-0887

Daytime Phone #

CR2E037 (9/99)