2001 UNIFORM BUSINESS REPORT (UBR)

000426 AF

DOCUMENT # A99000000273

1. Entity Name

PELAYO INVESTMENT COMPANY, LTD.

FILED

01 FEB -5 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1110 CORAL WAY CORAL GABLES FL 33134	1110 CORAL WAY CORAL GABLES FL 33134

2. Principal Place of Business	3. Mailing Address
11160 SW 88 St # 111	11160 SW 88 St # 111
Suite, Apt. #, etc.: MIAMI Florida	Suite, Apt. #, etc.: MIAMI Florida
City & State	City & State
Zip 33176 / Country Dade	Zip 33176 / Country Dade

4. FEI Number 65-0891048 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PELAYO, JOSE A
1110 CORAL WAY
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: Jose A PElAyo

Street Address (P.O. Box Number is Not Acceptable): 11160 SW 88 St # 111

City: MIAMI FL Zip Code 33176

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 ______________________ 1/17/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **$990.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	P99000007832 PELAYO MANAGEMENT, INC. 1110 CORAL WAY CORAL GABLES FL 33134	STREET ADDRESS CITY-ST-ZIP	11160 SW 88 St # 111 MIAMI Fl 33176
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	400003677234--7
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DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

CR2E003 (11/00)

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED 1/17/01 (305) 385-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #