

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN 23 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L00000000198

1. Entity Name  
JOSA DEVELOPMENT, L.C.

Principal Place of Business Mailing Address

2. Principal Place of Business 10777 SW 60 Avenue  
Suite, Apt. #, etc.

3. Mailing Address 10777 SW 60 Avenue  
Suite, Apt. #, etc.

City & State Pinecrest, FL  
Zip 33156 Country USA

4. FEI Number 65-0973989 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 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

Name Carlos Alberto Castro  
Street Address (P.O. Box Number is Not Acceptable) 1200 Brickell Avenue, Suite 1440  
City Miami FL Zip Code 33131

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  Registered Agent 4/26/00  
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 Department of State**

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Carlos A. Castro 1200 Brickell Avenue, Suite 1440 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Eduardo L. Abril 10777 SW 60 Avenue Pinecrest, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4800003313484-8 -07/05/00--01093--006 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Carlos A. Castro, 4/26/00 305-372-2800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)