

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000003327**

1. Entity Name  
**INVERSIONES M.R., L.L.C.**

FILED

01 APR -9 AM 7:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**9200 S. DADELAND BLVD., SUITE 603  
MIAMI FL 33156**

Mailing Address  
**9200 S. DADELAND BLVD., SUITE 603  
MIAMI FL 33156**



2. Principal Place of Business  
**8346 C NW South River Dr.**

3. Mailing Address  
**8346 C NW South River Dr.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI - FLORIDA**

City & State  
**MIAMI - FLORIDA**

4. FEI Number  
**65-0993279**

Applied For  
 Not Applicable

Zip  
**33166**

Country  
**U.S.A**

Zip  
**33166**

Country  
**U.S.A**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CUEVAS, ANDREW ESQ.  
9200 S. DADELAND BLVD., SUITE 603  
MIAMI FL 33156**

7. Name and Address of New Registered Agent  
Name  
**Andrew Cuevas Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**536 Baltimore Way**

City  
**Coral Gables FL**

Zip Code  
**33134**

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 *Andrew Cuevas*  
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RUTNENOFF, MIROSLAVA 9200 S. DADELAND BLVD., SUITE 603 MIAMI FL 33156</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RUMENOFF, MIROSLAVA 8346 C NW SOUTH RIVER DR. MIAMI - FL 33166</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DE RUTNENOFF, CARMEN 9200 S. DADELAND BLVD., SUITE 603 MIAMI FL 33156</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DE RUMENOFF, CARMEN 8346 C NW SOUTH RIVER DR. MIAMI - FL 33166</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 19.07(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 I were 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 608, Florida Statutes.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/03/01**  
Date

Daytime Phone #

CR2E083 (11/00)