

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015199

1. Entity Name

SERVITECA RISARALDA, L.L.C.

FILED

2001 APR 30 PM 1:11

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 290 NW 165 St Suite Plaza 100 290 NW 165 St  
 Miami FL 33169 Suite Plaza 100  
 Miami FL 33169

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number  Applied For  Not Applicable

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Michael Feldenkrais  
 Feldenkrais + Associates P.A.  
 290 NW 165 St. Suite Plaza 100  
 Miami FL 33169

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. (NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State

300004334908--5  
 -05/30/01--01093--009  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	Managing Member <input type="checkbox"/> Delete
NAME	Sigfredo Hernandez
STREET ADDRESS	290 NW 165 St Suite Plaza 100
CITY-ST-ZIP	Miami FL 33169
TITLE	Managing Member <input type="checkbox"/> Delete
NAME	Hector H Hernandez
STREET ADDRESS	290 NW 165 St. S-Plaza 100
CITY-ST-ZIP	Miami FL 33169
TITLE	Managing member <input type="checkbox"/> Delete
NAME	Margarito Muñoz
STREET ADDRESS	290 NW 165 St S-Plaza 100
CITY-ST-ZIP	Miami FL 33169
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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:

*Sigfredo Hernandez*

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

4/30/01

Date

305-945-0777

Daytime Phone #

CR2E083 (11/00)