

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

DOCUMENT # L02000032750

1. Entity Name

DON BETO ENTERPRISES, L.L.C.



04-15-2003 90033 021 \*\*\*\*50.00

30055363

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 2620 East Way Suite, Apt. #, etc. Suite 7 City & State Singer Island, FL		3. Mailing Address 536 Biltmore Way Suite, Apt. #, etc. City & State Coral Gables, FL	
Zip 33404-3806	Country U.S.A.	Zip 33134	Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3765716	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Andrew Cuevas, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 536 Biltmore 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Andrew Cuevas*  
Signature, typed or printed name of registered agent and title if applicable.

DATE 4/10/03

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ramirez, Martin 2620 East Way, Suite 7 Singer Island, FL 33404-3806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sabogal, Gelitza 2620 East Way, Suite 7 Singer Island, FL 33404-3806
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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: *Andrew Cuevas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E063B (12/02)