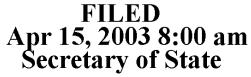
LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032750

1. Entity Name

DON BETO ENTERPRISES, L.L.C.



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

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					3005536	33	
	DO NOT WRITE	IN THIS S	SPAC	`E	, 000000	,,	
	Berger (1997) Andrew (1997) An			and the second s			
2. Principal Place of Business		3. Mailing Address					
2620 East Way Suite, Apt. #, etc.		536 Biltmore Way Suite, Apt. #, etc.			DO MOT WEITE IN THIS	00405	
Suite		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE	
City & State		City & State			4. FEI Number		Applied For
Singer Island, FL Zip Country		Coral Gables, FL Zip Country			59-3765716	\$5.00	Not Applicable Additional
_33404	-3806 U.S.A.	33134	<u> </u>	S-A	5. Certificate of Status Desired	Fee Req	
			alian de la companya	7. Name and Address of Current Registered Agent Name			
	DO.NOT.WI	RITÉ			ndrew Cuevas, Esq. P.O. Box Number is Not Acceptable)		
•	IN THIS SP				.o. box (tallour) (occpration)		
				536 Bi	ltmore Way		
	<u>, </u>			City Coral	Gables Fl		Code 3 134
	e named entity submits this statement for tions of registered agent.	the purpose of changing	ı its register	ed office or registere	ed agent, or both, in the State of Florida. I am	familiar wi	ith, and accept
Ardre /Ce					4/1013		
SIGNATURE .	Signature, typed or printed name of registered agent ar	d title if applicable.			DATE		
			the state of the state of the state of	\$50.00)
		Make Check Pay	电影 医二种 医二种 医二种 医	onda Departmen / MAY 1	it of State		}
9.	MANAGING MEMBEF	S/MANAGERS					
TITLE NAME	MGRM Ramirez, Martin		in TATL SATE SELV	中的位置中的特殊。古古斯爾爾語			
STREET ADDRESS	2620 East Way, Su	ite 7	NAM Stri	EET ADORESS			
CITY-ST-ZIP	Singer Island, FI	33404-3806	6 city	-S1-ZIP			
TITLE NAME	MGRM Sabogal, Gelitza		JIT. Nam	ara a arasa la basa e b			
STREET ADDRESS	2620 East Way, Su	ite 7		EET ADDRESS **			
CITY-ST-ZIP	Singer Island, FI	33404-3806	- Anniero	-ST-ZP			
TITLE NAME	-	-	NAM	t E		1175 A	ordine season recognis
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS	DO NOT WRI	TE.	
TITLE			- CHY	-\$1-ZIP			
NAME			NAM	Œ	IN THIS SPAC	ジヒ	
STREET ADDRESS CITY-ST-ZIP			ANCENEW.	ET ADDRESS - ST-ZIP			
TITLE			TITL	E :			
NAME STREET ADDRESS			, NAM	ET ADDRESS			
CITY-ST-ZIP			新州和西	-ST-ZIP			
TITLE			i nili				
NAME STREET ADDRESS			NAM STRE	E Et address			
CITY-ST-ZIP			CITY	-ST-ZIP			
indicated	on this report is true and accurate and the	nat my signature shall har	ve the same	e legal effect as if ma	ation 119.07(3)(i), Florida Statutes. I further ce ade under oath; that I am a managing memb	rtify that ther or man	he information lager of the
limited lial	bility company or the receiver or trustee	empowered to execute th 	nis report as	required by Chapte	er 608, Florida Statutes.		}
SIGNAT	URF. Mita & /his/	41013	41013				
JIGHAI	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER,	MANAGER, OR	AUTHORIZED REPRESEN	TATIVE Date (Daylime Phone	e#