

# 2001 UNIFORM BUSINESS REPORT (UBR)

000625 AF

**DOCUMENT #** L96000000487

**1. Entity Name**  
MCQUAY LATIN AMERICA, L.C.

FILED  
01 APR 13 PH 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
7205 N.W. 19TH STREET  
SUITE 408  
MIAMI 33 126

**Mailing Address**  
7205 N.W. 19TH STREET  
SUITE 408  
MIAMI 33 126

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
-Zip- Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**4. FEI Number** 65-0662452 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**  
SILVA, IGNACIO  
7205 N.W. 19TH STREET  
SUITE 408  
MIAMI FL 33126

**7. Name and Address of New Registered Agent**  
Name: BEATRIZ R. HERNANDEZ  
Street Address (P.O. Box Number is Not Acceptable): 7205 N.W. 19 ST.  
SUITE 408  
City: MIAMI FL Zip Code: 33126

**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: *Beatriz R. Hernandez* BEATRIZ R. HERNANDEZ, SECTY/TREAS 4/10/01  
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	MGR JOHANNECK, JAMES E 7205 N.W. 19TH STREET MIAMI 33 126	<input checked="" 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	GEN. MGR. GEORGE CALIENES 7205 N.W. 19 ST. MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004034703--8 -04/20/01--01032--002 *****50.00 *****50.00	<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
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: *X* *Beatriz R. Hernandez* 4/10/01 305-716-8631  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)