

2000 UNIFORM BUSINESS REPORT (UBR)

0003149 AF

DOCUMENT # L960000000694

1. Entity Name
CANO REAL ESTATE HOLDINGS L.C.

FILED

00 JAN 12 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4010 PARK AVE.
MIAMI FL 33133

Mailing Address

4010 PARK AVE.
MIAMI FL 33133-6352

2. Principal Place of Business

4010 PARK AVE.

Suite, Apt. #, etc.

3. Mailing Address

4010 PARK AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33133

Country

USA

Zip

33133

Country

USA

4. FEI Number

65-0675836

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

CANO, LUIS J
4010 PARK AVE.
MIAMI FL 33133

7. Name and Address of New Registered Agent

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.

(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 MGRM CANO, LUIS J
STREET ADDRESS 4010 PARK AVENUE
CITY- ST- ZIP MIAMI FL 33133 ☐ Delete

TITLE NAME MGRM CANO, TERESA C
STREET ADDRESS 4010 PARK AVENUE
CITY- ST- ZIP MIAMI FL 33133 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
300003104183--0
-01/20/00--01033-012
*****50.00 *****50.00

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

LOUIS J. CANO 1/4/99 666-1949

CR2E083 (9/99)