

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97000000104**

1. Entity Name
SERVICIOS ARTISTICOS LATINOS LIMITED COMPANY

FILED

00 JAN 28 PM 4: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
#F-107
10530 NW 26TH ST.
MIAMI FL 33172

Mailing Address
#F-107
10530 NW 26TH ST.
MIAMI FL 33326-3545



2. Principal Place of Business
683 Verona Ct
Suite, Apt. #, etc.

3. Mailing Address
683 Verona Ct
Suite, Apt. #, etc.

City & State
WESTON

City & State
WESTON

4. FEI Number
65-0749707

Applied For
Not Applicable

Zip
33326 Country
USA

Zip
33326 Country
USA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CABEZA, MANUEL E ESQ.
MANUEL E. CABEZA, P.A.
800 DOUGLAS ROAD, SUITE 351
CORAL GABLES FL 33134**

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
STREET ADDRESS
CITY-ST-ZIP
**MGR
VAZQUEZ, RAUL D
10530 NW 26TH ST SUITE F-107
MIAMI FL 33172** 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Delete
**700003121857--4
02/03/00 01012 004
*****50.00 *****50.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Delete

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 REQUIRED**

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

1-25-2000

Date

954-389-0900

Daytime Phone #