

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002252

1. Entity Name
BONANZA PROPERTIES L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:11

Principal Place of Business
8500 SW 8TH STREET, SUITE 228
MIAMI FL 33144

Mailing Address
8500 SW 8TH STREET, SUITE 228
MIAMI FL 33144-4002



DO NOT WRITE IN THIS SPACE

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 **65-0868822** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MACHADO, JOSE L
8500 SW 8TH STREET, SUITE 228
MIAMI FL 33144

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]* DATE *1/15/00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME	MGRM HERRAN, AGUSTIN	<input type="checkbox"/> Delete
STREET ADDRESS	8500 SW 8TH STREET, SUITE 228	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE NAME	MGRM GUERRA, ARMANDO	<input type="checkbox"/> Delete
STREET ADDRESS	8500 SW 8TH STREET, SUITE 228	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE NAME	MGRM HERRAN, MANUEL A	<input type="checkbox"/> Delete
STREET ADDRESS	8500 SW 8TH STREET, SUITE 228	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE NAME	MGRM HERRAN, EMILIANO	<input type="checkbox"/> Delete
STREET ADDRESS	8500 SW 8TH STREET, SUITE 228	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE NAME	MGRM GUERRA, ANAMARIA	<input type="checkbox"/> Delete
STREET ADDRESS	8500 SW 8TH STREET, SUITE 228	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

300003121903--0
-02/03/00--01012--025
*****50.00 *****50.00

[Handwritten Signature]

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]* DATE: *1/28/00* (305) 262-6533

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