

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M99000001496**

1. Entity Name  
**ROTADYNE-LATIN AMERICA, L.L.C.**

FILED

00 JAN 21 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1500 SAN REMO AVE., STE. 203  
CORAL GABLES FL 33146

Mailing Address  
1500 SAN REMO AVE., STE. 203  
CORAL GABLES FL 33146-3047



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>36-4209712</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				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 \_\_\_\_\_ DATE \_\_\_\_\_  
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				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MELGARD, STEPHEN C			NAME			
STREET ADDRESS	8140 CASS AVE.			STREET ADDRESS			
CITY-ST-ZIP	DARIEN IL 60561			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FILL, GAYLORD H			NAME			
STREET ADDRESS	8140 CASS AVE.			STREET ADDRESS			
CITY-ST-ZIP	DARIEN IL 60561			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOOTH, PETER			NAME			
STREET ADDRESS	BLVD. BERNARDO QUINTANA NO 40, 20 PISO			STREET ADDRESS			
CITY-ST-ZIP	76160 QUEIETARO, QRO MEXICO			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANCHEZ, JAIME F			NAME			
STREET ADDRESS	EMILIO CARRANZA SUR NO 345, 20 PISO			STREET ADDRESS			
CITY-ST-ZIP	6400 MONTERREY, N.L. MEXICO			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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\*\*\*\*\*50.00 \*\*\*\*\*50.00

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 *GAYLORD H. FILL* **1/11/00** **(630) 769-9700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone # *ext. 224*

CR2E083 (9/99)