

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00431

1. Entity Name
BERAJA INVESTMENTS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 13 AM 11:45

Principal Place of Business
2295 S. MIAMI AVE.
MIAMI FL 33129

Mailing Address
2295 S. MIAMI AVE.
MIAMI FL 33129-1520



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0276233

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERAJA, MATILDE
2550 DOUGLAS ROAD, SUITE 300
CORAL GABLES FL 33134

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MEM BERAJA, ROBERTO
STREET ADDRESS **2295 S. MIAMI AVE**
CITY-ST-ZIP **MIAMI FL**

Change Addition
500003103785--1
-01/20/00--01019--006
*******50.00 *****50.00**

TITLE NAME Delete
MEM BERAJA, VICTOR
STREET ADDRESS **2295 S. MIAMI AVE**
CITY-ST-ZIP **MIAMI FL**

Change Addition

TITLE NAME Delete
MEM BERAJA, ESTHER
STREET ADDRESS **2295 S. MIAMI AVE**
CITY-ST-ZIP **MIAMI FL**

Change Addition

TITLE NAME Delete
MEM BERAJA, MATILDE
STREET ADDRESS **2295 S. MIAMI AVE**
CITY-ST-ZIP **MIAMI FL**

Change Addition

TITLE NAME Delete
MEM BERAJA, ISIDORO
STREET ADDRESS **2295 S. MIAMI AVE**
CITY-ST-ZIP **MIAMI FL**

Change Addition

TITLE NAME Delete

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] SIGNATURE REQUIRED 1-6-00 (305) 493-2070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)