

# 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

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 #