

# 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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-25-2000

954-389-0901

Date

Daytime Phone #