

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A24176**

1. Entity Name

LITTLE HAVANA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 12 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business 401 MIRACLE MILE SUITE 302 CORAL GABLES FL 33134	Mailing Address LITTLE HAVANA, LTD. P.O. BOX 440584 MIAMI FL 33144-0584
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2803382	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

~~MARTINEZ, ARISTIDES~~
~~401 MIRACLE MILE~~
~~SUITE 302~~
~~CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name **MARTINEZ, ARISTIDES**
Street Address (P.O. Box Number is Not Acceptable)
7860 N.W. 71 ST.
City **MIAMI** FL Zip Code **33166**

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.

9. Capital Contributions as Shown on record. \$4,951,666.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	M46453
NAME	ROLART, INC. ROLART, INC.
STREET ADDRESS	401 MIRACLE MILE SUITE 302
CITY - ST - ZIP	CORAL GABLES FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS	7860 N.W. 71 ST.
CITY - ST - ZIP	MIAMI, FLA. 33166
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	700003296937-3
CITY - ST - ZIP	06/20/00 01044 000
STREET ADDRESS	***535.00 ***535.00
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Rafael Benito* **REQUIRE** 4/26/00 305-471-0985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CF 0003 P.0000