

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001406**

1. Entity Name
LA QUINTA AVENIDA, LTD.

Principal Place of Business
%JOSE FERNANDEZ
P.O. BOX 19-1511
MIAMI BEACH FL 33119

Mailing Address
%JOSE FERNANDEZ
P.O. BOX 19-1511
MIAMI BEACH FL 33119

FILED

01 NOV -8 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

DUE BY SEPTEMBER 26, 2001

2. Principal Place of Business

3. Mailing Address

City & State

City & State

4. FEI Number **65-0531902**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, JOSE
471 S.W. 8TH STREET
MIAMI FL 33130

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

9. Capital Contributions
as Shown on record

\$40,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **L25596**
NAME **ZERMATT, INC.**
STREET ADDRESS **471 S.W. 8TH STREET**
CITY-ST-ZIP **MIAMI FL 33130**

STREET ADDRESS

CITY-ST-ZIP

900004702319--8

-12/03/01--01058--001

******868.75 ****868.75**

DOCUMENT #
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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:

SIGNATURE REQUIRED

10-01-01

305

2598225

Date

Daytime Phone #

0000561 AT

CR2E003 (5/01)

STAPLE CHECK HERE