

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001095

1. Entity Name

LOS LATINOS 2000, LTD.

02 FEB -4 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

875 N.W. LEJEUNE ROAD  
MIAMI FL 33126

Mailing Address

3200 PONCE DE LEON BLVD. #201  
CORAL GABLES FL 33134



2. Principal Place of Business

3. Mailing Address

7305 SW 107 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

Miami FL

4. FEI Number

65-0832329

Applied For

Not Applicable

Zip

Country

Zip

33173

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

MIAMI CORPORATE SYSTEMS, INC.  
5200 BLUE LAGOON DRIVE, SUITE 700  
MIAMI FL 33126

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.

DATE

9. Capital Contributions  
as Shown on record.

\$10,000.00

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 # P98000039395  
NAME MENIPA, INC.  
STREET ADDRESS 3200 PONCE DE LEON BLVD., 2ND FLOOR  
CITY-ST-ZIP CORAL GABLES FL 33143

STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS 500004912235--6  
CITY-ST-ZIP -02/13/02--01001--003  
\*\*\*\*167.50 \*\*\*\*167.50

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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 Rose Valle 1-29-02 305 447-1196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)