

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010653 AT

DOCUMENT # A98000001095

1. Entity Name  
LOS LATINOS 2000, LTD.



FILED

03 MAY 14 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
875 N.W. LEJEUNE ROAD  
MIAMI FL 33126

Mailing Address  
7305 SW 107 AVE  
MIAMI FL 33173

2. Principal Place of Business

3. Mailing Address  
782 NW LeJeune Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Suite 548

City & State

City & State  
MIAMI FLORIDA

DUE BY MAY 1, 2003

4. FEI Number 65-0832329

Applied For  
Not Applicable

Zip

Country

Zip

Country

33126

USA

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  
JOSE M. MARQUEZ, P.A.

Street Address (P.O. Box Number is Not Acceptable)

782 NW LeJeune Road, Suite 548

City  
Miami

FL

Zip Code  
33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and date if applicable.

Jose M. Marquez, Esq.

March 21, 2003

DATE

9. Capital Contributions as Shown on record. \$10,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$ 10,000.00

11. MAKE CHECK PAYABLE TO FL. 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

100015551181  
05/14/03--01002--016 \*\*17.50

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03/21/2003

(305) 447-1160

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE