

2001 UNIFORM BUSINESS REPORT (UBR)

0007191 AF

DOCUMENT # L00000005207

1. Entity Name

LATIN AMERICA BUSINESS ENABLING GROUP, L.L.C.

FILED

01 FEB 26 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

14638 S.W. 35 COURT
MIRAMAR FL 33027

Mailing Address

14638 S.W. 35 COURT
MIRAMAR FL 33027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CASTILLO, ALBERTO
14638 S.W. 35 COURT
MIRAMAR FL 33027

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: PRESIDENT
NAME: ALBERTO CASTILLO
STREET ADDRESS: 5301 BLUE LAGOON DRIVE, Suite 190
CITY-ST-ZIP: Miami, FL 33126

10.

ADDITIONS/CHANGES

TITLE: 300003784273-6
NAME: -02/28/01-01011-017
STREET ADDRESS: *****55.00 *****55.00
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/13/2001

Date

(305) 267-6909

Daytime Phone #

x 206

CR2E083 (11/00)