

**2001 UNIFORM BUSINESS REPORT (UBR)**

0006766 AF

**DOCUMENT #** L00000011446  
**1. Entity Name**  
 SVENCO, L.L.C.

**FILED**

01 FEB 23 AM 10:50

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**Principal Place of Business** 19713 NORTHWEST 85TH AVENUE MIAMI FL 33015  
**Mailing Address** 19713 NORTHWEST 85TH AVENUE MIAMI FL 33015

**2. Principal Place of Business** Suite, Apt. #, etc. City & State Zip Country  
**3. Mailing Address** Suite, Apt. #, etc. City & State Zip Country

**4. FEI Number** 65-1044352 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**  
 SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

**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** \_\_\_\_\_ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Operating Manager Marjorie Jimenez 19713 NW 85 Ave Miami, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Operating Manager Alicia Jimenez 19713 NW 85 Ave Miami, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Raimundo Jimenez 19713 NW 85 Ave Miami, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Randy Jimenez 19713 NW 85 Ave Miami, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 \*\*\*\*\*50.00 \*\*\*\*\*50.00

**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:** Raimundo Jimenez **DATE:** 2/21/01 **Daytime Phone #:** 305-829-4722

CR2E083 (11/00)