

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012104

1. Entity Name  
BIENES RAICES LATINO.COM, L.L.C.

FILED

01 MAY -7 PM 5:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**MJH**

Principal Place of Business  
1250 SW 27 AVE. SUITE 505  
CORAL GABLES FL 33135

Mailing Address  
1250 SW 27 AVE. SUITE 505  
CORAL GABLES FL 33135

2. Principal Place of Business  
3282 Riviera Dr  
Suite, Apt. #, etc.

3. Mailing Address  
3282 Riviera Dr  
Suite, Apt. #, etc.

City & State  
Coral Gables, FL

City & State  
Coral Gables, FL

Zip  
33134

Country  
USA

Zip  
33134

Country  
USA

4. FEI Number  
65-1049882

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

PELLON, HUMBERTO J  
1250 SW 27 AVE, SUITE 505  
CORAL GABLES FL 33135

## 7. Name and Address of New Registered Agent

Name  
MARTIN MENDIOLA

Street Address (P.O. Box Number is Not Acceptable)  
3282 Riviera Dr

City  
Coral Gables

FL

Zip Code  
33134

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 MARTIN MENDIOLA (NOT: Registered Agent signature required when reinstating)

DATE 4-28-2001

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

900004336769--8  
-05/31/01--01090--014  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

## 9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MANAGING MEMBER	MARTIN MENDIOLA	3282 Riviera Dr	Coral Gables, FL 33134	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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"/> Change	<input type="checkbox"/> Addition
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"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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: MARTIN MENDIOLA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MAN/GER. OR AUTHORIZED REPRESENTATIVE

Date 4-28-2001 Daytime Phone # 305 445 2525

CR2E083 (11/00)