

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013244

1. Entity Name

EL INMIGRANTE EN ESPANOL, LLC

FILED

01 FEB -8 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

601 S.W. 57TH AVENUE  
2ND FLOOR SUITE - C  
MIAMI FL 33144

Mailing Address

601 S.W. 57TH AVENUE  
2ND FLOOR SUITE - C  
MIAMI FL 33144

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

65-1056599

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, HOWARD A ESQUIRE  
% ATKINSON, DINER, STONE ET AL.  
1946 TYLER STREET  
HOLLYWOOD FL 33020

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

700003675907--7  
-02/13/01--01022--018  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME DIAZ, MAURICIO ☐ Delete  
STREET ADDRESS 601 S.W. 57TH AVENUE 2ND FLOOR SUITE - C  
CITY-ST-ZIP MIAMI FL 33144

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

TITLE MGR  
NAME RICHARD, MARIA EUGENIA ☐ Delete  
STREET ADDRESS 601 S.W. 57TH AVENUE 2ND FLOOR SUITE - C  
CITY-ST-ZIP MIAMI FL 33144

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

TITLE MGR  
NAME ROSENOW, TERESA ☐ Delete  
STREET ADDRESS 601 S.W. 57TH AVENUE 2ND FLOOR SUITE - C  
CITY-ST-ZIP MIAMI FL 33144

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

Mauricio Diaz (MGR)

01/26/01

(305) 264 7555

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

Date

Daytime Phone #

CR2E083 (11/00)