

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 FEB -5 PM 4:45

0014167 AF

**DOCUMENT #** L00000Q14438  
**1. Entity Name**  
 BUENA VISTA DEVELOPMENT, LLC

**Principal Place of Business**      **Mailing Address**  
 15605 OCEAN BREEZE LANE      15605 OCEAN BREEZE LANE  
 WELLINGTON FL 33414      WELLINGTON FL 33414

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 ANDRADE, ALFONSO  
 15605 OCEAN BREEZE LANE  
 WELLINGTON FL 33414

**4. FEI Number** 65-1063581      **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

300003675453--6  
 -02/13/01--01005--020  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

**9. MANAGING MEMBERS/MEMBERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	ALFONSO ANDRADE	15605 OCEAN BREEZE LN	WELLINGTON FL 33414	<input type="checkbox"/>
	RAUL PUENTE	400 CRESTWOOD CT N APT 415	ROYAL PALM BEACH FL 33411	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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:** \_\_\_\_\_ **Date** 02/01/01 **Daytime Phone #** 561-3089881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)