

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

0033398

DOCUMENT # L00000014438

1. Entity Name

BUENA VISTA DEVELOPMENT, LLC

02-18-2002 90167 048 ****55.00

Principal Place of Business

116 PRESTIGE DR.
 ROYAL PALM BEACH FL 33411

Mailing Address

116 PRESTIGE DR.
 ROYAL PALM BEACH FL 33411

2. Principal Place of Business

6801 Lake Worth Rd

3. Mailing Address

6801 Lake Worth Rd #105

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

City & State

Lake Worth

City & State

Lake Worth

Zip

33

Country

Zip

33467

Country

USA

4. FEI Number

65-1063581

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

ANDRADE, ALFONSO
15605 OCEAN BREEZE LANE
WELLINGTON FL 33414

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
 NAME **PTNR ANDRADE, ALFONSO**
 STREET ADDRESS **15605 OCEAN BREEZE LANE**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PTNR PUENTE, RAUL**
 STREET ADDRESS **400 CRESTWOOD CT., N., APT. 415-**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE Change Addition
 NAME
 STREET ADDRESS **3782 Moon Bay Circle**
 CITY-ST-ZIP **Wellington FL 33414**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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 STREET ADDRESS
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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:

[Signature] **REQUIRED**

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

Date

Daytime Phone #

CFR2E083 (9/01)