

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # L00000014438

1. Entity Name

BUENA VISTA DEVELOPMENT, LLC

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**

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

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Change ☐ Addition
 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:

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

Date

Daytime Phone #

CP2E083 (9/01)