

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

01 MAY -3 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000014618

1. Entity Name
AMERICA BENVELAZ SERVICES, L.L.C.

Principal Place of Business 999 BRICKELL AVE., SUITE 701 MIAMI FL 33131	Mailing Address 999 BRICKELL AVE., SUITE 701 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6930 NW 84 Avenue Suite, Apt. #, etc.	3. Mailing Address 6930 NW 84 Avenue Suite, Apt. #, etc.
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City & State Miami FL	City & State Miami FL	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33166	Country USA	Zip 33166	Country USA

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

6. Name and Address of Current Registered Agent

BENITEZ VELASQUEZ, MILDRED KARINA
999 BRICKELL AVE., SUITE 701
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)
6930 NW 84 Avenue

City **Miami** State **FL** Zip Code **33166**

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

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENITEZ VELASQUEZ, MILDRED KARINA 999 BRICKELL AVE., SUITE 701 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6930 NW 84 Avenue Miami FL 33166
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 400004335644-9 -05/31/01--01041--018 *****50.00
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: *[Signature]* **04-27-01 (775) 8292735**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)