


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Mar 30, 2004 08:00 AM
Secretary of State**

DOCUMENT # L02000020609					
1. Entity Name ZUMBA BETO ENTEPRISES LLC					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 1756 N BAYSHORE DRIVE <small>Suite, Apt. #, etc.</small>			3. Mailing Address 999 Ponce de Leon Blvd <small>Suite, Apt. #, etc.</small>		
APT 20C <small>City & State</small> MIAMI FL			SUITE 601 <small>City & State</small> CORAL GABLES		
4. FEI Number 42-1546933		Applied For <input type="checkbox"/> Not Applicable			
Zip 33132	Country USA	Zip 33134	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			7. Name and Address of Current Registered Agent		
Name JOHNNY TSIMOGIANNIS					
Street Address (P.O. Box Number is Not Acceptable) 999 PONCE DE LEON BLVD					
SUITE 601					
City CORAL GABLES				FL	Zip Code 33134
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
			FEE IS \$50.00		
			Make Check Payable to Florida Department of State		
			DUE BY MAY 1		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PEREZ, ALBERTO 1756 N BAYSHORE DRIVE, APT 20C MIAMI, FL 33132			TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: 		ALBERTO PEREZ		02/29/04	305-442-1028
		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E083B (12/02)