

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90086 013 ****55.00

0024094

DOCUMENT # L02000028890

1. Entity Name

HY-LOK LATIN AMERICA LLC



Principal Place of Business

3011 NE 43 STREET
FORT LAUDERDALE FL 33308

Mailing Address

3011 NE 43 STREET
FORT LAUDERDALE FL 33308

40010007

2. Principal Place of Business

1730 MAIN ST.
Suite, Apt. #, etc. 212

3. Mailing Address

SAME



CHECK HERE IF MAKING CHANGES

City & State

WESTON, FLA

City & State

4. FEI Number

74-3066653

Applied For

Not Applicable

Zip

Country

33326

USA

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BENAVENTE, BENJAMIN G JR
3011 NE 43 STREET
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

BENJAMIN BENAVENTE

Street Address (P.O. Box Number is Not Acceptable)

3011 NE 43 ST. #2

City

FORT LAUDERDALE FL

Zip Code

33308

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

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR Delete
NAME ALHACH, MARIA P
STREET ADDRESS 4400 FOX RIDGE DRIVE
CITY-ST-ZIP WESTON FL 33331

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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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
CITY-ST-ZIP

TITLE Change Addition
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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:

[Handwritten Signature]

Date

1/15/03

Daytime Phone #

954-306-0837

CR2E083 (10/02)