

L02000034606

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000034606

1. Entity Name

OTERAL DEVELOPMENT LLC



FILED

03 NOV 13 PM 3:42

SEAL OF THE STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11451 NW 34 STREET

3. Mailing Address

11451 NW 34 STREET

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number

76-0725254

Applied For

Not Applicable

Zip
33178

Country

Zip
33178

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name ALDO A. HERNANDEZ

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

11451 NW 34 STREET

City MIAMI

FL

Zip Code
33178

**DO NOT WRITE
IN THIS SPACE**

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

DATE

9. Capital Contributions
as Shown on record.

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

(MRG) SERGIO TAPATA CARBALLO
11451 NW 34 STREET
MIAMI, FL 33178

STREET ADDRESS

CITY-ST-ZIP

600024898256
11/21/03--01007--017 **150.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

(MGR) ALDO ANTONIO HERNANDEZ
11451 NW 34 STREET
MIAMI, FL 33178

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

REINSTATEMENT 2003

(Signature)