

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -1 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L94000000266

1. Entity Name
SABRA LAKES, L.C.

Principal Place of Business: 13331 SW 131ST STREET, MIAMI FL 33186
Mailing Address: 13331 SW 131ST STREET, MIAMI FL 33186-5816

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

4. FEI Number: **65-0570481**
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
ORTIZ, HECTOR A
13331 SW 131ST STREET
MIAMI FL 33186

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME: MGRM ORTIZ, HECTOR A STREET ADDRESS: 13331 SW 131ST STREET CITY-ST-ZIP: MIAMI FL 33186	<input type="checkbox"/> Delete	TITLE NAME: MGRM ORTIZ, JOSE A. STREET ADDRESS: 11964 SW 100TH TERRACE CITY-ST-ZIP: MIAMI, FL. 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: MGRM ORGIZ, JOSE A. STREET ADDRESS: 11964 SW 100TH TERRACE CITY-ST-ZIP: MIAMI FL 33186	<input type="checkbox"/> Delete	TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	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: Hector A. Ortiz **REQUIRED** 4/28/00 301-255-7121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #
HECTOR A. ORTIZ

CR2E083 (9/96)