

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # L94000000329**

**FILED**

**01 MAR -5 PM 3:11**

1. Entity Name  
**INVERSIONES LAFUENTE, L.C.**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address  
**3191 NW 99TH AVE 3191 NW 99TH AVE  
MIAMI FL 33172 MIAMI FL 33172**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0507741** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAFUENTE, RAUL  
3191 NW 99TH AVE  
MIAMI FL 33172**

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 \_\_\_\_\_ (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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
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
<b>MGRM LAFUENTE, RAUL 3191 NW 99TH AVE. MIAMI FL 33172</b>	<input type="checkbox"/>		
<b>MGRM DE LAFUENTE, ANTONIA C 3191 NW 99TH AVE. MIAMI FL 33172</b>	<input type="checkbox"/>		
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-03/20/01--01082--008  
\*\*\*\*\*50.00  Change  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:** *Raul Lafuente* **SIGNATURE REQUIRED** **2/28/01 301-693-8502**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E088 (1/11/00)