


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90040 047 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L94000000329

1. Entity Name
INVERSIONES LAFUENTE, L.C.



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|--|--|
| Principal Place of Business 3191 NW 99TH AVE MIAMI, FL 33172 | Mailing Address 3191 NW 99TH AVE MIAMI, FL 33172 |
|--|--|

| | |
|--|--|
| 2. Principal Place of Business <i>9874 N.W. 52 TERR</i> | 3. Mailing Address <i>9874 N.W. 52 TERR</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



CHECK HERE IF MAKING CHANGES

| | | | |
|------------------------------------|------------------------------------|------------------------------------|-------------------------------|
| City & State <i>MIAMI, FLA.</i> | City & State <i>MIAMI, FLA.</i> | 4. FEI Number 65-0507741 | Applied For Not Applicable |
| Zip <i>33178</i> | Country <i>DADE</i> | Zip <i>33178</i> | Country <i>DADE</i> |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent LAFUENTE, RAUL 3191 NW 99TH AVE MIAMI, FL 33172 | 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$60.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2003

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LAFUENTE, RAUL 3191 NW 99TH AVE. MIAMI, FL 33172 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>9874 N.W. 52 TERR</i> <i>MIAMI, FL. 33178</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete MGRM DE LAFUENTE, ANTONIA C 3191 NW 99TH AVE. MIAMI, FL 33172 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>9874 N.W. 52 TERR</i> <i>MIAMI, FL. 33178</i> |
| 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 |
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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)(l), 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* Date: *4/10/03* Daytime Phone #: *305-693-8502*

CR2E033 (10/02)