2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)					APPROVED			
DOCUMENT # L9600000170 1. Entity Name DEL VALLE GROUP, L.C.					OI APR 16 PM 2: 40			
2. Principal f	Place of Business	3. Mailing Address					HIN ISN SIL	
Suite, Apt			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
•								
City & State		City & State		4. FEIN	lumber 65-0832878		Applied For lot Applicable	
Zip	. Country	Zip	Country	5. Certi	ficate of Status Desired	Solution \$5.00 Acres Requir		
	6. Name and Address of Current	Registered Agent	Name	7. Name	e and Address of New Re	gistered Agent		
	EZ, NICOLAS J JR	Street Add	ress (P.O. Box N	umber is Not Acceptable)				
1101 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131								
			City		· · · · · · · · · · · · · · · · · · ·	FL Zip Cod	de	
8. The above	a named entity submits this statement for	the purpose of changing its	registered office or re	gistered agent, o	or both, in the State of Flori			
SIGNATURE	, , , , , , , , , , , , , , , , , , ,	nd title if applicable. (NOTE	: Registered Agent signature	required when reinstating	10}	DATE		
		OW!!! FEE IS \$50 yable to Departme		-04/24/	065185 /0101109 50.00 *****	-014		
9.	MANAGING MEMBE	10.	ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEL VALLE Y GOICOECH, FRANC 2825 GRANADA BLVD, APT. 1-A CORAL GABLES FL 33134	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition §	
TITLE Name Street address City-St-Zip	MGRM DEL VALLE, PAULA D 2825 GRANADA BLVD, APT. 1-A CORAL GABLES FL 33134		TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME ~ ~ ~ STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ-CHAVEZ, MANUEL M 2825 GRANADA BLVD, APT. 1-A CORAL GABLES FL 33134	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. 🛥 .	ç: ⊾123	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEL VALLE Y GOICECHE, ANTON 2825 GRANADA BLVD, APT. 1-A CORAL GABLES FL 33134	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE 🧃 NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEL ALAMO, SERGIO 2825 GRANADA BLVD., APT. 1-A CORAL GABLES FL 33134	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE Name Street address City-St-Zip	1	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ 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 eighting 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 trig receiver or trustee empowered to execute his freport as/equired by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMORISM MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone •								