

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

C.I. 569 AF

DOCUMENT # L96000000275

1. Entity Name  
CENTRAL SANTA LUCIA, L.C.

00 APR 30 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O NICOLAS J. GUTIERREZ, JR., ESQ.  
1101 BRICKELL AVE., SUITE 1400  
MIAMI FL 33131

Mailing Address  
C/O NICOLAS J. GUTIERREZ, JR., ESQ.  
1101 BRICKELL AVE., SUITE 1400  
MIAMI FL 33131-3117



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0849458** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
GUTIERREZ, NICOLAS J JR.,ESQ  
1101 BRICKELL AVE., SUITE 1400  
MIAMI FL 33131

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

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

| 9. MANAGING MEMBERS/MEMBERS                    |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>PEDROSO, VICTOR M<br>177 OCEAN LANE DR., APT. 600-E<br>KEY BISCAVNE FL <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ARGUELLES, FERNANDO J JR.<br>10100 OLD CUTLER RD.<br>CORAL GABLES FL <input type="checkbox"/> Delete             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SANCHEZ, ALFREDO J<br>112 BLOOMFIELD<br>W. PALM BEACH FL 33405 <input type="checkbox"/> Delete                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>REYES, GUSTAVO DE L<br>3608 SOUTHWEST 57TH AVENUE<br>MIAMI FL 33155 <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>LATOUR, ANTONIO R<br>6520 LEONARDO STREET<br>CORAL GABLES FL 33146 <input type="checkbox"/> Delete               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>GUTIERREZ, NICOLAS J JR.,ESQ<br>1101 BRICKELL AVE., SUITE 1400<br>MIAMI FL 33131 <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES                          |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1324 Sopera Ave.<br>Coral Gables, FL 33134            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>200003256082-1<br>-05/18/00--01001--007<br>****200.00 ****100.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: Nicolas J. Gutierrez Jr., Esq. Date: 4/25/00 (305) 373-0350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)