

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90071 046 \*\*\*\*50.00

**DOCUMENT # L96000000275**

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



956254

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip; Country  
 3. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>PEDROSO, VICTOR M</b> <b>1324 SOPERA AVE.</b> <b>CORAL GABLES FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>ARGUELLES, FERNANDO J JR.</b> <b>10100 OLD CUTLER RD.</b> <b>CORAL GABLES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>SANCHEZ, ALFREDO J</b> <b>112 BLOOMFIELD</b> <b>W. PALM BEACH FL 33405</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>REYES, GUSTAVO DE L</b> <b>3608 SOUTHWEST 57TH AVENUE</b> <b>MIAMI FL 33155</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>LATOUR, ANTONIO R</b> <b>6520 LEONARDO STREET</b> <b>CORAL GABLES FL 33146</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>GUTIERREZ, NICOLAS J JR.,ESQ</b> <b>1101 BRICKELL AVE., SUITE 1400</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Nicolas J. Gutierrez, Jr.* **Nicolas J. Gutierrez, Jr.** 4/25/02 (305) 373-0330  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)