

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L96000000278

1. Entity Name

DE ZARRAGA GROUP, L.C.

00 APR 30 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1101 BRICKELL AVE., SUITE 1400
MIAMI FL 33131

Mailing Address

1101 BRICKELL AVE., SUITE 1400
MIAMI FL 33131-3117



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

65-0849412

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GUTIERREZ, NICHOLAS J
1101 BRICKELL AVE., SUITE 1400
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE MGR
NAME DE ZARRAGA, MARCOS
STREET ADDRESS 416 AMALFI AVENUE
CITY-ST-ZIP CORAL GABLES FL 33146-2205

TITLE
NAME 700003256787-0
STREET ADDRESS -05/18/00--01019-014
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGR
NAME PRELLEZO, ESTEBAN J
STREET ADDRESS 8765 S.W. 53RD COURT
CITY-ST-ZIP MIAMI FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME DE ZARRAGA, MANUEL
STREET ADDRESS ONE BISCAYNE TOWER SUITE 1800
CITY-ST-ZIP MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME GUTIERREZ, NICOLAS J JR., ESQ
STREET ADDRESS 1101 BRICKELL AVE., SUITE 1400
CITY-ST-ZIP MIAMI FL 33131

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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: *Nicholas J. Gutierrez, Jr.* *Nicholas J. Gutierrez, Jr., Esq., Mgr.* 4/25/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

(305) 373-0330

CR2E083 (9/99)