4-3-0-1 305-665-0005 Date Davine Phone 4

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 100								
DOCUMENT # L9600000737					FILED OI APR -6 PM 4: 15			
LUIS AND MARITZA VELAZQUEZ FAMILY, L.C.								
					SECRETARY N	FISTATE		
Principal Place of Business Mailing Address				\neg	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
10405 SW 79 PLACE 10405 SW 79 PLACE			J					
MIAMI FL 33156	MIAMI FL 33156					-	/	
O Disciplination				_				
2. Principal Place of Business	3. Mailing Address	, mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For			
City & State	City & State							
Zip Country	Zip	Cour	ntrv		65-0716056	\$ 5.00 Ad	ot Applicable	
						Fee Require	aitionai ed	
6. Name and Address of Cur	rent Registered Agent		Name	7. Name a	and Address of New Regist	tered Agent		
VELAZQUEZ, LUIS A		,	Street Address (P.O. Box Number is Not Acceptable)					
10405 SW 79 PLACE	•		~	<i>j</i> .		المستؤسون	<u> </u>	
MIAMI FL 33156		٠	City			Zin Coo		
		-	City			FL Zip Coo	ie	
								
8. The above named entity submits this statement	ent for the purpose of changing	ts register	ed office or regis	stered agent, or	both, in the State of Florida.			
8. The above named entity submits this statement SIGNATURE Signature, typed or printed name of registered			red office or regis ad Agent signature requ	-		DATE		
SIGNATURE	agent and title if applicable. (N	OTE: Registere		uired when reinstating)			<u>.</u>	
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable. (N	OTE: Registere	FEE 19 \$50.0 to Department	uired when reinstating)		DATE		
SIGNATURE Signature, typed or printed name of registered 9. MANAGING MITTLE MEM	agent and title if applicable. (N	NOW!!! Payable t	FEE 19 \$50.0 to Department	uired when reinstating)		DATE	Addition	
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