

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012855 AF

**DOCUMENT #** L97000000104

**1. Entity Name** **SERVICIOS ARTISTICOS LATINOS LIMITED COMPANY**

**Principal Place of Business**

683 VELONA COURT  
WESTON FL 33326

**Mailing Address**

683 VELONA COURT  
WESTON FL 33326

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

65-0749707

Applied For

Not Applicable

**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**

CABEZA, MANUEL E ESQ.  
MANUEL E. CABEZA, P.A.  
800 DOUGLAS ROAD, SUITE 351  
CORAL GABLES FL 33134

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 NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
VAZQUEZ, RAUL D  
10530 NW 26TH ST SUITE F-107  
MIAMI FL 33172

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/23/01

Date

957-389-0906

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)