

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L97000000214

1. Entity Name

RAKEL PROPERTIES. L.C.

00 APR -3 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O NORMAN LEOPOLD, ESQUIRE
20801 BISCAYNE BOULEVARD, SUITE 501
AVENTURA FL 33180

Mailing Address

C/O NORMAN LEOPOLD, ESQUIRE
20801 BISCAYNE BOULEVARD, SUITE 501
AVENTURA FL 33180-1400



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0731735

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

LEOPOLD, NORMAN ESQ
20801 BISCAYNE BOULEVARD
SUITE 501
AVENTURA FL 33180

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
MGR
GUTTMAN, JOSE
STREET ADDRESS AVE. SOUBLETTE ED. SAVOYA, APT. B-1
CITY-ST-ZIP CARACAS, VENEZUELA OC

TITLE NAME ☐ Change ☐ Addition
500003219145--9
-04/21/00--01115--017
*****50.00 *****50.00

TITLE NAME ☐ Delete
MGR
GUTTMAN, RAQUEL
STREET ADDRESS AVE. SOUBLETTE ED. SAVOYA, APT. B-1
CITY-ST-ZIP CARACAS, VENEZUELA OC

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ 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: X

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

X Feb 29, 2000

Date

Daytime Phone #

CR2E083 (9/99)