

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

102921  
AF

DOCUMENT # L97000000333

1. Entity Name  
INDIAN LAKE INVESTMENTS, L.C.

00 APR 17 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7525 N.W. 8 STREET, SUITE 201  
MIAMI FL 33126

Mailing Address  
7525 N.W. 8 STREET, SUITE 201  
MIAMI FL 33126-2914



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

65-0741968

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

MUM

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAGE, GONZALO M  
7525 N.W. 8 STREET, SUITE 201  
MIAMI FL 33126

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  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
COHEN, MARK D  
4000 HOLLYWOOD BLVD STE 485 S.  
HOLLYWOOD FL 33021 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
500003228995-6  
04/28/00-01877-003  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
LAGE, GONZALO M  
7525 N.W. 8 STREET, SUITE 201  
MIAMI FL 33126 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
CHALBAUD, LUIS RAMON  
520 BRICKELL DRIVE, #1007  
MIAMI FL 33131 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ 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:

SIGNATURE RECEIVED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Gonzalo M. Lape 4/12/00 (305) 267-9914  
Managing Member

CR2E083 (9/99)