

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

01 MAY -1 PH 6:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000027

1. Entity Name

PATRICIA TOBON, L.C.

Principal Place of Business

5401 COLLINS AVENUE
SUITE 914
MIAMI BEACH, FL 33140

Mailing Address

5401 COLLINS AVENUE
SUITE 914
MIAMI BEACH, FL 33140

2. Principal Place of Business

5401 COLLINS AVENUE

Suite, Apt. #, etc.
SUITE 914

City & State
MIAMI, FL

Zip
33140

Country
USA

3. Mailing Address

199 SW 12TH AVENUE

Suite, Apt. #, etc.
SUITE 11

City & State
MIAMI, FL

Zip
33130-1056

Country
USA

4. FEI Number

65-0830106

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OYARCE, JORGE E
% JE OYARCE & ASSOCIATES
199 SW 12TH AVENUE
SUITE 11
MIAMI, FL 33130

7. Name and Address of New Registered Agent

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 NO VIII FEE IS \$50.00
Make Check Payable to Department of State

MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME MGRM
STREET ADDRESS TOBON PATRICIA
CITY-ST-ZIP 5401 COLLINS AVE, #914, MIA BCH, FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

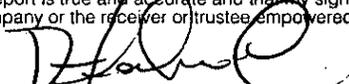
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:



PATRICIA TOBON, MGRM

4/23/01

305-324-2248

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

Date

Daytime Phone #