

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 14 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L98000000127**

1. Entity Name

ARANGO & GARCIA-MORERA, L.L.C.

Principal Place of Business

1414 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Mailing Address

1414 PONCE DE LEON BLVD.
CORAL GABLES FL 33134-4008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MNM

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0818109

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA-MORERA, ENRIQUE J
1414 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

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 NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE Delete
NAME **MGRM**
STREET ADDRESS **GARCIA-MORERA, ENRIQUE J**
CITY-ST-ZIP **1414 PONCE DE LEON BLVD.**
CORAL GABLES FL 33134

TITLE Delete
NAME **MGRM**
STREET ADDRESS **ARANGO, ELSA M**
CITY-ST-ZIP **1414 PONCE DE LEON BLVD.**
CORAL GABLES FL 33134

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE Change Addition
NAME
STREET ADDRESS **000003224210--9**
CITY-ST-ZIP **-04/26/00--01016--023**
*******50.00 *****50.00**

TITLE Change Addition
NAME
STREET ADDRESS **000003224210--9**
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

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

Date

Daytime Phone #