2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L98000001898

1. Entity Name

NUEVO HORIZONTE, L.C.

Principal Place of Business	Mailing Address
2603 DAVIE BOULEVARD	2603 DAVIE BOULEVARD
FORT LAUDERDALE FL 33312	FORT LAUDERDALE FL 33312-3029

DO NOT WRITE IN THIS SPACE

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 65-0873287 | 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
ADAN, JORGE	Name
6705 ESCONDIDA DRIVE	Street Address (P.O. Box Number is Not Acceptable)
WEST PALM BEACH FL 33406	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 **MGR** NAME **ADAN, JORGE** STREET ADDRESS **8705 ESCONDIDA DRIVE** CITY-ST-ZIP **WEST PALM BEACH FL 33406**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100003148611----0 -02/28/00--01006--010 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: _____ JORGE ADAN, MENBER   954-79208317 1-19-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #