APPROVED

OCUMENT#	1,98000002

DOCUM 1. Entity Name

MIAMI FL 33138

LATIN QUARTER, L.C.

Principal Place of Business

Mailing Address

2000 UNIFORM BUSINESS REPORT (UBR)

8001 N.E. BAYSHORE COURT

9001 N.E. BAYSHORE COURT

MIAMI FL 33138-6339

CO HAY -1 PH 2: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

		•									
2. Principal P	lace of Busin	iess	3. Mail	ing Address				18 FI 			
Suite, Apt.	#, etc.		Suite	e, Apt. #, etc.			DO NOT WRIT	re in THIS S	PACE		
City & State Cit			City	City & State		4. FEIN	4. FEI Number 65-0886243			plied For t Applicable	
Zip		Country	Zip		Country	5. Certi	ficate of Status Desired		5.00 Add ee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
		-			Name	Name					
HATCH, MICHAEL R 8001 N.E. BAYSHORE COURT				Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL		E COURT .	`.				,				
					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 a	gent and title if appli	icable. (NOTE:	Registered Agent signatu	re required when reinstat	ing)	DATE			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State											
9.		MANAGING ME	MBERS/MEM	BERS	10.		ADDITIONS/	CHANGES			
TITLE NAME	MGRM HATCH, M		_	☐ Delate .	TITLE RAME		Sooogga	2567	□ Change ?\$5-	Addition {	
STREET ADDRESS CITY-ST-ZIP	8001 N.E. MIAMI FL	Bayshore Cour 33138			STREET ADDRESS CITY-ST-ZIP		-05/18/ *****		***** 2 n:an		
TITLE NAME				☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS					STREET ADDRESS CITY-ST-ZIP			•			
TITLE NAME	·		÷ • • •	☐ Delete	TITLE NAME		•	-	Change	Addition .	
STREET ADDRESS CITY-ST-ZIP		,			STREET ADDRESS City-8t-zip						
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TITLE				☐ Deleta	TITLE NAME				Change	Addition	
STREET ADORESS CITY-ST-ZIP					STREET ADDRESS CITY- 8T- ZIP						
TITLE	·			☐ Delete	TITLE			·	Change	Addition	
STREET ADDRESS					STREET ADDRESS						

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: