

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003188

1. Entity Name

INTERAMERICAN REALTY GROUP L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -4 PM 1:25

Principal Place of Business

2050 CORAL WAY  
SUITE 302  
MIAMI FL 33145

Mailing Address

2050 CORAL WAY  
SUITE 302  
MIAMI FL 33145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2050 CORAL WAY

3. Mailing Address

2050 CORAL WAY

Suite, Apt. #, etc.

SUITE 305

Suite, Apt. #, etc.

SUITE 305

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0883056

Applied For

Not Applicable

Zip

33145

Country

USA

Zip

33145

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMERLAWYER

343 ALMERIA AVENUE

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

PATRICIA DE VELILLA

Street Address (P.O. Box Number is Not Acceptable)

2050 CORAL WAY

SUITE 305

City

MIAMI

FL

Zip Code

33145

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

*Patricia De Velilla* PATRICIA DE VELILLA

07-13-2000

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/MANAGERS

TITLE MGR ☐ Delete  
NAME CORREA, LUIS F  
STREET ADDRESS 2050 CORAL WAY, STE 302  
CITY-ST-ZIP MIAMI FL

TITLE MGR ☐ Delete  
NAME VELILLA, PATRICIA  
STREET ADDRESS 881 OCEAN DRIVE UNIT 13-E  
CITY-ST-ZIP KEY BISCAYNE FL 33149

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 2050 CORAL WAY, STE 305  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900003350509--1  
CITY-ST-ZIP -08/09/00--01032--013

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

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

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

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

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 De Velilla* PATRICIA DE VELILLA

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

07-13-2000

Date

305 948-8500

Daytime Phone #

CR2E083 (5/00)