

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003188

1. Entity Name

INTERAMERICAN REALTY GROUP L.L.C.

FILED

01 FEB 15 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2050 CORAL WAY
SUITE 305
MIAMI FL 33145

Mailing Address

2050 CORAL WAY
SUITE 305
MIAMI FL 33145

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

65-0883056

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

PATRICIA DE VELILLA
2050 CORAL WAY
SUITE 305
MIAMI FL 33145

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

400003708604--4
-02/19/01--01007--011
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE MGR ☐ Delete
NAME CORREA, LUIS F
STREET ADDRESS 2050 CORAL WAY, STE. 305
CITY-ST-ZIP MIAMI FL 33145

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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: *P. Velilla*

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

2/12/01

Date

305-858-7133

Daytime Phone #

CR2E083 (11/00)