

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L98000003267

1. Entity Name  
HERNON LATIN AMERICA, L.L.C.

FILED

00 APR 11 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
121 TECH DRIVE  
SANFORD FL 32771

Mailing Address  
121 TECH DRIVE  
SANFORD FL 32771-6663



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3552095

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEFKOWITZ, IVAN M ESQ  
430 NORTH MILLS AVENUE  
ORLANDO FL 32803

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

10. ADDITIONS/CHANGES

TITLE MGR  
NAME ARNON, HARRY  
STREET ADDRESS 121 TECH DRIVE  
CITY- ST- ZIP SANFORD FL 32771 ☐ Delete

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

TITLE MGR  
NAME OLIVER, LYDA M  
STREET ADDRESS 1283 S.W. 143RD COURT  
CITY- ST- ZIP MIAMI FL 33184 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME 300003218633-6  
STREET ADDRESS -04/24/00--01026--016  
CITY- ST- ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

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TITLE ☐ Delete  
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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:

*SIGNATURE REQUIRED*  
HARRY ARNON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/5/00 407-322-4000  
Date Daytime Phone #

CR2E083 (9/99)