

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000421

1. Entity Name

SALAS, EDE, PETERSON & LAGE, L.L.C.

FILED

00 JAN 24 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

6361 S.W. 72 STREET  
MIAMI FL 33413

Mailing Address

6361 S.W. 72 STREET  
MIAMI FL 33143-4842

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0889578

Applied For

Not Applicable

Zip

Country

Zip

Country

33143

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

CORPORATE ACCESS, INC.  
1116-D THOMASVILLE RD.  
TALLAHASSEE FL 32303

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

TITLE NAME ☐ Delete  
MGR LAGE, GUSTAVO  
STREET ADDRESS 6361 S.W. 72 STREET  
CITY- ST- ZIP MIAMI FL 33413

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐  
STREET ADDRESS 100003119261--  
CITY- ST- ZIP -02/01/00--01106--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐

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

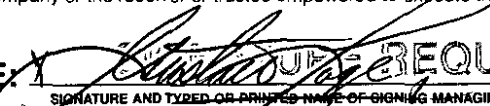
TITLE NAME ☐ Change ☐  
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CITY- ST- ZIP

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TITLE NAME ☐ Change ☐  
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:  REQUIRED

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

1/7/2000 (305) 613-0077  
Date Daytime Phone #