2000 UNICORM RUSINESS REPORT (URR)

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1. Entity Nam	· ·	SECRE	FILEO TARY OF STATE			-		
S.T.M. HOLDINGS, L.L.C.				SECRETARY OF STATE DIVISION OF CORPORATIONS				
		·····		00 000	12 PMII: 02			
Principal Place of Business . Mailing Address					- 11111.02	0/		
10621 N. KENDALL DRIVE.SUITE 211 10621 N. KENDALL DRIVE.SUITE MIAMI FL 33176 MIAMI FL 33176			TE 211		~	m X		
	•		11 ana.c	(122000141212)		:(B)(
2. Princinal P	lace of Business	16-2225						
250 CATALONIA AVE. P.O. BOX 16			025	· · · · · · · · · · · · · · · · · · ·				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				_
City & State CORAL GABLES FL MIAMI FI				4. FEI Number 65 - 089 44	430		plied For Applicable	
Zip 33134 Country		Zip Country		5 Certificate of Status Desired \$5.00 Additional				1
	6. Name and Address of Current	33// 6~2225	USA		ss of New Registered	Fee Required Agent	1	
····		Name R	BOSENDO I. COLLAZO					
	, WILLIAM J ESQ		Street Address (P.O. Box Number is Not Acceptable)					
10621 N KENDALL DRIVE, SUIE 211 MIAMI FL 33176			1170	0 SW 9Z	ct.			1
ρ			City M1/		FL	Zip Code	176_	
8. The above	named with submits this statement fo	````	e State of Florida.		, , , ,			
	1 Xlee		10 5	5 00	I			
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Regi	stered Agent signature require	d when reinstating)	DATE			
	\	f ·	!! FEE IS \$50.00	, , , , , , , , , , , , , , , , , , ,				
		Make Check Payabl	e to Department o	of State			,	
9.	MANAGING MEMBE		10.		ADDITIONS/CHANGES			 6
TITLE NAME	MGR SANCHEZ, WILLIAM J ESO	50.00	TITLE NAME	FOO	നെനും അവ	Change	Addition	8
STREET ADDRESS CITY-ST-ZIP	9725 SW 140 STREET		STREET ADDRESS CITY-ST-ZIP	300	003 428 -10/18/000:			CR2E083 (5/00)
TITLE	MIAMI FL 33176		TITLE		****150.00	****15€ ☐ Change	Addition	뿡
NAME OXESSET ASSESSED	PRIETO, ERNESTO		NAME STREET ADDRESS				;	
STREET ADORESS CITY-ST-ZIP	10105 SW 78 COURT MIAMI FL 33156		CITY-ST-ZIP	# 4 · *	الوارات كالشخير الال ال	<u> </u>	. .	
TITLE	MGR	₩ 50,000	TITLE NAME			☐ Change	Addition Addition	
NAME STREET ADDRESS	PRIETO, EDUARDO 10620 SW 96 STREET		STREET ADDRESS		1.			1
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP	<u></u>	<u></u>	☐ Change	Addition	-
TITLE NAME	MGR Collazo, Rosendo	50,00	TITLE NAME			☐ cuange		
STREET ADDRESS CITY-ST-ZIP	11700 SW 92 COURT MIAMI FL 33176		STREET ADDRESS CITY-ST-ZIP					
TITLE	MGR [†]		TITLE			☐ Change	Addition	
NAME STREET ADDRESS	O'NEL, JEFF 5820 SW 11 STREET		NAME STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33144		CITY-ST-ZIP					
TITLE NAME	MGR Foster, Stephen	_ *******	TITLE NAME			Change	Addition	
STREET ADDRESS	17700 SW 76 AVENUE		STREET ADDRESS					
11. I hereby o	MIAMI FL 33157 certify that the information supplied with	this filing does not qualify for the	exemption stated in S	ection 119.07(3)(i). Flori	ida Statutes. I further ce	rtify that the ir	formation	
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: COLLAZO 10/5/00 305-441-0040								
	SIGNATURE AND TYPED OR PRIN	ITED NAME OF SIGNING MANAGING MEMB	ER OR MANAGER	Z o		Daytime Phone #		