

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000731

1. Entity Name  
EDEN LAKES, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:12

Principal Place of Business  
2189 WEST 60TH STREET, SUITE 205  
HIALEAH FL 33016

Mailing Address  
2189 WEST 60TH STREET, SUITE 205  
HIALEAH FL 33016-2692



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

Applied For

Not Applicable

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

FERRO, MARIO JR.  
2189 WEST 60TH STREET, SUITE 205  
HIALEAH FL 33016

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
FERRO, MARIO JR.  
2189 WEST 60TH STREET, SUITE 205  
HIALEAH FL 33016

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Manager  
Jose E. FAND  
2189 W 60th St. Ste 205  
Hialeah FL 33016

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
500003121555-9  
-02/03/00-01007-008  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/18/00 3055564282