

# 2001 UNIFORM BUSINESS REPORT (UBR)


0008915 AF

<b>DOCUMENT # L99000000731</b>			
1. Entity Name <b>EDEN LAKES, L.C.</b>			
Principal Place of Business <b>2189 WEST 60TH STREET, SUITE 205 HIALEAH FL 33016</b>		Mailing Address <b>2189 WEST 60TH STREET, SUITE 205 HIALEAH FL 33016</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

01 FEB 26 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0896160</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FERRO, MARIO JR.</b> <b>2189 WEST 60TH STREET, SUITE 205</b> <b>HIALEAH FL 33016</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		

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.

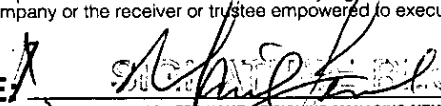
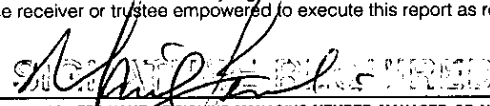
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

300003788323--0  
-02/27/01--01112--020  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>FERRO, MARIO JR.</b> <b>2189 WEST 60TH STREET, SUITE 205</b> <b>HIALEAH FL 33016</b>	<input type="checkbox"/> Delete	<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Change</span> <span><input type="checkbox"/> Addition</span> </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>FANO, JOSE E</b> <b>2189 WEST 60TH STREET, SUITE 205</b> <b>HIALEAH FL 33016</b>	<input type="checkbox"/> Delete	<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Change</span> <span><input type="checkbox"/> Addition</span> </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Change</span> <span><input type="checkbox"/> Addition</span> </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Change</span> <span><input type="checkbox"/> Addition</span> </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Change</span> <span><input type="checkbox"/> Addition</span> </div>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Change</span> <span><input type="checkbox"/> Addition</span> </div>

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** 

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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E083 (11/00)