

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001357

1. Entity Name  
DE ORO INTERNATIONAL, L.L.C.

Principal Place of Business  
2121 PONCE DE LEON BLVD.  
SUITE #721  
CORAL GABLES FL 33134

Mailing Address  
2121 PONCE DE LEON BLVD.  
SUITE #721  
CORAL GABLES FL 33134

2. Principal Place of Business  
9792 Grande Verde Way  
Suite, Apt. #, etc. 501

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
BOCA RATON, FL

City & State

4. FEI Number 65-0902630

Applied For  
Not Applicable

Zip 33428 Country U.S.

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

CUEVAS, ANDREW ESQ  
C/O CUEVAS & RUBIN, P.A.  
9200 S. DADELAND BLVD., SUITE 603  
MIAMI FL 33156

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 \_\_\_\_\_ (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 MGRM  
NAME AMAYA, RICARDO O  
STREET ADDRESS 2121 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

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

TITLE MGRM  
NAME ORDONEZ, JULIO CESAR  
STREET ADDRESS 2121 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
000004425680-8  
-06/18/01--01151--006  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE MGRM  
NAME JEREZEZ, RICARDO O  
STREET ADDRESS 2121 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 05-01-01 Daytime Phone #

FILED

01 MAY 23 AM 7:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)