

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002494

1. Entity Name  
CORDOBA DEVELOPERS, L.C.

AND  
FILED

00 APR -3 PM 12: 41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/18

Principal Place of Business  
1393 S.W. 1 STREET, SUITE 300  
MIAMI FL 33135

Mailing Address  
1393 S.W. 1 STREET, SUITE 300  
MIAMI FL 33135-2321



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0917404

Applied For

Not Applicable

Zip

Country

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

RAMIREZ, MANUEL A  
1200 BRICKELL AVE., SUITE 1440  
MIAMI FL 33131

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 MGR  
NAME JAD PARTNERS, LTD.  
STREET ADDRESS 1414 BRICKELL AVENUE  
CITY- ST- ZIP MIAMI FL 33131 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP 600003217656--6  
-04/20/00--01/12/01  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR  
NAME MERCOSUR INVESTMENTS, INC.  
STREET ADDRESS 1393 SW 1 STREET  
CITY- ST- ZIP MIAMI FL 33135 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

TITLE ☐ Delete  
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CITY- ST- ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 19.07(3)(b) 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: GIANNI COZZADINI / MERCOSUR INC. *Gianni Cozzadini*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3/27/2000 (305) 904.2675

CR2E083 (9/99)