

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 27 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003596

1. Entity Name

HAVANA BILTMORE, L.L.C.

Principal Place of Business

50 S.E. KINDRED STREET, SUITE 107
STUART FL 34994

Mailing Address

P.O. BOX 1166
STUART FL 34995-1166

2. Principal Place of Business

1429 SE Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Stuart, Florida

City & State

Zip

34994

Country

Martin

Country

MM

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0930766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOHL, N. DEAN JR.

50 S.E. KINDRED STREET, SUITE 107
STUART FL 34994

7. Name and Address of New Registered Agent

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

400003249564--B
-05/12/00--01010--007
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME ☐ Delete
MGRM
GONZALES, AGAPITO
STREET ADDRESS 1241 SUMMERWOOD CIRCLE
CITY- ST- ZIP WELLINGTON FL 33414

TITLE NAME ☐ Delete
MGRM
LAZO DE LA VEGA, ELENA
STREET ADDRESS 1241 SUMMERWOOD CIRCLE
CITY- ST- ZIP WELLINGTON FL 33414

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 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

4/13/00

Date

781-3880

Daytime Phone #

CR2E083 (9/99)