

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004505

1. Entity Name
SOUTH RIVER ENTERPRISES, L.C.

Principal Place of Business

495 BILTMORE WAY
SUITE 308
CORAL GABLES FL 33134

Mailing Address

495 BILTMORE WAY
SUITE 308
CORAL GABLES FL 33134-5756

2. Principal Place of Business

7144 SW. 47 street

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 557968

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

33155

Country

USA

Zip

33255-7968

Country

USA

6. Name and Address of Current Registered Agent

SAEZ, PEDRO P
888 BRICKELL AVENUE
5TH FLOOR
MIAMI FL 33131

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CABRERA, ALVARO 495 BILTMORE WAY SUITE 308 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	7144 SW. 47 street Miami FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	700003224203 -04/26/00--01019--007 *****55.00 *****55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Alvaro Cabrera 04/01/2000 (305)667-3212

Date

Daytime Phone #

APPROVED

AND

FILED

\$55.00
04/19/99

00 APR -3 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)