

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005575

1. Entity Name  
CASA COLONIAL, L.L.C.

FILED

00 JAN 20 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2131 N.W. 79TH AVENUE  
MIAMI FL 33122

Mailing Address  
2131 N.W. 79TH AVENUE  
MIAMI FL 33122-1615



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-6313077

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBLEDO, ANTHONY  
8180 N.W. 36TH STREET, SUITE 100  
HIALEAH FL 33166

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
NET PAR, INC.  
2131 N.W. 79TH AVENUE  
MIAMI FL 33122 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
200003112392--8  
-01/27/00--01020--017  
\*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SILVA RODRIGUEZ, FRANCISCO  
RUA DIREITA 166 TIRADENTES  
MINAS GERAIS BRAZIL 36325-000 ☐ Delete

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

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

Date

Daytime Phone #

LOW M. RODRIGUES 01/18/2000 305-4367366