

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -6 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000008619**

1. Entity Name  
**E-NVEST, L.L.C.**

Principal Place of Business Mailing Address

2. Principal Place of Business **2875 N.E. 191st Street** 3. Mailing Address **2875 N.E. 191st Street**

Suite, Apt. #, etc. **Suite #603** Suite, Apt. #, etc. **Suite #603**

City & State **Aventura, FL** City & State **Aventura, FL**

Zip **33180** Country **USA** Zip **33180** Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0967389** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**ELIU DRESZER**  
**19500 Turnberry Way, Apt # 11-D**  
**Aventura, FL 33180**

## 7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ State **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 \_\_\_\_\_ DATE **05-01-00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	<b>MANAGER - FXC Consulting, Inc.</b> <b>JOSE A. MALABET</b> <b>2875 N.E. 191st Street, Suite #603</b> <b>Aventura, FL 33180 - USA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER - LATINA TRADING INC.</b> <b>ELIU DRESZER</b> <b>2875 N.E. 191st Street, Suite #603</b> <b>Aventura, FL 33180 - USA</b>	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**9000003275359--3**  
**-06/02/00--01090--006**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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

**05-01-00** **(305) 931.3465**  
Date Daytime Phone #

CR2E083 (11/99)