

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009041 AF

**DOCUMENT # M98000001069**

1. Entity Name  
**THE LATIN AMERICA ENTERPRISE CAPITAL CORPORATION**

**APPROVED AND FILED**

**01 APR 20 AM 9:54**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
COCONUT GROVE FL 33133**

Mailing Address  
**2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
COCONUT GROVE FL 33133**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0699201**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KUCZYNSKI, PEDRO-PABLO  
2665 SOUTH BAYSHORE DRIVE, SUITE 1101  
GRAND BAY PLAZA  
COCONUT GROVE FL 33133**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KUCZYNSKI, PEDRO-PABLO 2665 SOUTH BAYSHORE DRIVE, SUITE 1101 COCONUT GROVE FL 33133</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM ELEJALDE, EDUARDO 2665 SOUTH BAYSHORE DRIVE, SUITE 1101 COCONUT GROVE FL 33133</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM MONTERO, FERNANDO 2665 SOUTH BAYSHORE DRIVE, SUITE 1101 COCONUT GROVE FL 33133</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM SEPULVEDA, GERARDO 2665 SOUTH BAYSHORE DRIVE, SUITE 1101 COCONUT GROVE FL 33133</b> <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**

**100004085041-3**  
-04/27/01--01053--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Gerardo R. Sepulveda* **04.16.01** **(205) 285-4841**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)