

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90195 009 \*\*\*\*50.00

**DOCUMENT # M98000001069**

1. Entity Name

**THE LATIN AMERICA ENTERPRISE CAPITAL CORPORATION  
, L.L.C.**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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** **GERARDO R. SEPULVEDA** 4/22/02 (305) 285-7995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (9/01)