

# 2000 UNIFORM BUSINESS REPORT (UBR)

0013653 AF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 29 PM 1:18



DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000000918

1. Entity Name  
CHAVEZ HOLDINGS OF SOUTH FLORIDA, LLC

Principal Place of Business      Mailing Address  
250 WEST COURT STREET, #200E      250 WEST COURT STREET, #200E  
CINCINNATI OH 45202      CINCINNATI OH 45202-1088

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number      Applied For  
31-1609429      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  
C T CORPORATION SYSTEM      Name  
1200 SOUTH PINE ISLAND ROAD      Street Address (P.O. Box Number is Not Acceptable)  
PLANTATION FL 33324      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 CHAVEZ, MANUEL 250 WEST COURT STREET, #200E CINCINNATI OH 45202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>mf 3/13/00</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAVEZ, ROBERT 250 WEST COURT STREET, #200E CINCINNATI OH 45202	<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	MGRM CHAVEZ, MARTIN 250 WEST COURT STREET, #200E CINCINNATI OH 45202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000031690 Change -B Addition -03/14/00--01115--003 *****50.00    *****50.00	
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	

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: *Manuel Chavez*      SIGNATURE REQUIRED      2/24/00      Date      Daytime Phone #

CR2E083 (9/99)