

2000 UNIFORM BUSINESS REPORT (UBR)

0004846 AF

DOCUMENT # Z00175

1. Entity Name

FLAMINGO GARDENS DEVELOPMENT, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB -9 AM 10:47

Principal Place of Business

16739 S.W. 84TH CT
MIAMI FL 33157

Mailing Address

12532 S.W. 94 LANE
MIAMI FL 33186-1046

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

65-0166197

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MCCLASKEY, ROBERT M., JR.
1550 MADRUGA AVE.
SUITE 120
CORAL GABLES FL 33156

7. Name and Address of New Registered Agent

Name

MARK RIVLIN

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

1550 MADRUGA AVE.

SUITE 120

City

CORAL GABLES

FL

Zip Code

33146

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	M	☐ Delete
NAME	DEL CARPIO, ALBERTO	
STREET ADDRESS	LOS PINOS 190	
CITY - ST - ZIP	MIRAFLORES, LIMA PERU	
TITLE	M	☐ Delete
NAME	RUBIO, MARIO	
STREET ADDRESS	PASEODELA REPUBLICA 6375	
CITY - ST - ZIP	MIRAFLORES, LIMA, PERU	
TITLE	M	☐ Delete
NAME	ORMENO, ALEJANDRO	
STREET ADDRESS	LOS PINOS 190, 9TH FL	
CITY - ST - ZIP	MIRAFLORES, LIMA, PERU	
TITLE	M	☐ Delete
NAME	MOLINA, MARTIN SALVADOR	
STREET ADDRESS	12532 SW 94 LANE	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	M	☐ Delete
NAME	ROJAS, ROBERTO	
STREET ADDRESS	251 CRANDON BLVD	
CITY - ST - ZIP	KEY BISCAYNE FL	
TITLE	M	☐ Delete
NAME	ROJAS, ROBERTO	
STREET ADDRESS	251 CRANDON BLVD.	
CITY - ST - ZIP	KEY BISCAYNE FL	

TITLE	☐ Change ☐ Addition
NAME	700003140597-3
STREET ADDRESS	-02/21/00--01013--004
CITY - ST - ZIP	*****50.00 *****50.00
TITLE	☐ Change ☐ Addition
NAME	mf 2/16/00
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 NOZIVA

1/27/2000 (305) 912-0010

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

Date

Daytime Phone #

CR2E083 (9/99)