## **2001 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # L0000010127					FILE	D ··	• -
GREEN SUN INTERNATIONAL GROUP, L.L.C.				01 MAR -2 PM 12: 54			
Principal Place of Business Mailing Address				SECRETARY OF STATE TALLAHASSEE. FLORIDA			
536 BILTMORE WAY CORAL GABLES FL 33134 536 BILTMORE WAY CORAL GABLES FL 33134			TALLAHASSEE. FLURIUA			A	
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Principal Place of Business     Address     Mailing Address						(	
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THI	S SPACE	
City & State City & State				4. FEI Number Applied For Not Applicable			
Zip Country	Zip	Count		5. Certif	ficate of Status Desired	\$5.00 Add	
6. Name and Address of Currer	t Registered Agent			7. Name	and Address of New Registere	<u> </u>	u
			Name				
CUEVAS, ANDREW ESQ.			Street Address (P.O. Box Number is Not Acceptable)				
% CUEVAS & RUBIN, P.A. 536 BILTMORE WAY						<u>-</u>	
CORAL GABLES FL 33/34			City		F	Zip Code	e
8. The above named epocy submits this statement	ed office or register	ed agent. o					
Moderall					ررن	2/1	
SIGNATURE Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE	: Registere	d Agent signature required	when reinstating		20/0/	
	EII E M	NA/111 1	FEE IS \$50.00				
	Make Check Pa			f State			
	DEDO (MEMBERO)	10			ADDITIONS/CHANGI	TO	
9. MANAGING MEM	BERS/MEMBERS  Delete	10.			ADDITIONS/CHANGI	Change	☐ Addition
IVICII LIVI			E				
STREET ADDRESS 536 BILTMORE WAY			ET ADDRESS -ST-ZIP				
LURAL GABLES FL 33134	Delete	TITLE				Change	Addition
MURM	NUNO DE FERNANDEZ, AMALIA PILAR					onlargo	
STREET ADDRESS 536 BILTMORE WAY			et address -st-zip*				
CURAL GABLES FL 33134		TITLE				Change	☐ Addition
NAME NUNO RON, RICARDO	Totale	NAM	• 1	.~-	y *		7.00/11011
STREET ADDRESS 536 BILTMORE WAY			ET ADDRÉSS -ST-ZIP		9000,038,15	<u> </u>	<u>1</u>
CURAL GABLES FL 33134	. Delete	TITLE			-03/08/010 *****50.00	11111 <u></u> [] 2 <b>3</b>	
NAME NUNO RON, JULIO CESAR		NAM					
STREET ADDRESS 536 BILTMORE WAY			ET ADDRESS -ST-ZIP				
TITLE CORAL GABLES FL 33134		TITLE				☐ Change	Addition
NAME .		NAM					
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS -ST-ZIP				
TITLE .	☐ Delete	TITLE				Change	Addition
NAME		NAM	E			-	
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS - ST-ZIP				.
11. I hereby certify that the information supplied w	th this filing does not qualify for	the exe	mption stated in Se	ection 119.0	07(3)(i), Florida Statutes. I further of	ertify that the ir	nformation
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 received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: Date of Signing Manager, or authorized Representative Date Date Destine Phone #							