

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90295 036 \*\*\*\*50.00

**DOCUMENT # L00000010127**

1. Entity Name  
**GREEN SUN INTERNATIONAL GROUP, L.L.C.**

Principal Place of Business      Mailing Address  
**536 BILTMORE WAY**      **536 BILTMORE WAY**  
**CORAL GABLES FL 33134**      **CORAL GABLES FL 33134**

**955065**

2. Principal Place of Business      3. Mailing Address  
**169 E. Flagler Street**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 1534**

City & State      City & State  
**Miami, Florida**

Zip      Country      Zip      Country  
**33131**      **U.S.A.**

4. FEI Number **65-1034258** **APPLIED FOR**      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**

**CUEVAS, ANDREW ESQ.**  
**% CUEVAS & RUBIN, P.A.**  
**536 BILTMORE WAY**  
**CORAL GABLES FL 33134**

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 *Andrew Cuevas*      DATE **4/1/02**

**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	<b>MGRM</b> <b>FERNANDEZ PONCE, EDGAR ENRIQUE</b> <b>536 BILTMORE WAY</b> <b>CORAL GABLES FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>NUNO DE FERNANDEZ, AMALIA PILAR</b> <b>536 BILTMORE WAY</b> <b>CORAL GABLES FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>NUNO RON, RICARDO</b> <b>536 BILTMORE WAY</b> <b>CORAL GABLES FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>NUNO RON, JULIO CESAR</b> <b>536 BILTMORE WAY</b> <b>CORAL GABLES FL 33134</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

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:** *[Signature]*      **DATE REQUIRED**      **4/22/02**      **(305) 960-1129**

CR2E083 (9/01)