

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 17, 2003 8:00 am
Secretary of State

09-17-2003 90012 015 ****50.00

DOCUMENT # L00000010127

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



Principal Place of Business Mailing Address
169 E FLAGLER STREET 536 BILTMORE WAY
STE 1534 CORAL GABLES FL 33134
MIAMI FL 33131

30137343



2. Principal Place of Business 3. Mailing Address
10256 3RD ST., N 10256 3RD ST., N
Suite, Apt. #, etc. Suite, Apt. #, etc.
C # C

CHECK HERE IF MAKING CHANGES

City & State City & State
ST. PETERSBURG, FL ST. PETERSBURG, FL

4. FEI Number **65-1034258** Applied For
Not Applicable

Zip Country Zip Country
33716 USA 33716 USA

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

6. Name and Address of Current Registered Agent
CUEVAS, ANDREW ESQ.
% CUEVAS & RUBIN, P.A.
536 BILTMORE WAY
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name
Andrew Cuevas, Esq. Cuevas & Ortiz, P.A.
Street Address (P.O. Box Number is Not Acceptable)
536 Biltmore Way
City **Coral Gables** FL Zip Code **33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Andrew Cuevas* DATE **9/11/3**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

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

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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]* **SIGNATURE REQUIRED** DATE: **9/11/3**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)