

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90036 030 \*\*\*\*50.00

**DOCUMENT # L01000010031**

1. Entity Name  
**JADENO DEVELOPERS L.L.C.**

Principal Place of Business  
**7225 N.W. 25TH STREET SUITE #201  
 MIAMI FL 33122**

Mailing Address  
**7225 N.W. 25TH STREET SUITE #201  
 MIAMI FL 33122**

2. Principal Place of Business

3. Mailing Address  
**P.O. Box 227818**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Miami, FL**

4. FEI Number

**65-1117369**

Applied For

Not Applicable

Zip

Country

Zip  
**33122-7818**

Country

**USA**

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

**ANGULO, ANA MARIA  
 2151 S. LEJEUNE ROAD #310  
 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

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  Delete  
**Manager/Member**  
 NAME **JASAL Group, Inc.**  
 STREET ADDRESS **7225 NW 25th ST suite 201**  
 CITY-ST-ZIP **Miami, FL 33122**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **Member**  
 STREET ADDRESS **Noira Speeler**  
 CITY-ST-ZIP **2930 SW 79 CT**  
**Miami, FL 33155**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **Member**  
 STREET ADDRESS **D'Elia Enterprises, Inc.**  
 CITY-ST-ZIP **7800 SW 57 Ave suite 207-C**  
**Miami, FL 33143**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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**

**March 10, 2002 (305) 815-3898**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)