

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY -2 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001550

1. Entity Name

PEDRO PAN ENTERPRISES, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

300 ARAGON AVENUE

Suite, Apt. #, etc.

330

City & State  
CORAL GABLES FL

City & State

4. FEI Number

65-0979384

Applied For

Not Applicable

Zip

33134

Country

US

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PEREZ, BEHAR & ASSOC. PA.  
13935 NW 1ST. AVE.  
N. MIAMI, FL. 33168

7. Name and Address of New Registered Agent

Name  
CRISTIANO MARINARI

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

300 ARAGON AVE STE 330

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.

SIGNATURE

CRISTIANO MARINARI (MANAGER)

04/30/2001

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

700004316097---

-05/25/01--01004--006

\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CRISTIANO MARINARI</u> <input type="checkbox"/> Delete <u>300 ARAGON AVE STE 330</u> <u>CORAL GABLES, FL. 33134</u>
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"/> Delete
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	<u>CRISTIANO MARINARI</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>300 ARAGON AVE STE 330</u> <u>CORAL GABLES, FL. 33134</u>
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
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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:

CRISTIANO MARINARI

04/30/2001

305 567 0629

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

Date

Daytime Phone #

CR2E083 (11/00)