

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

0008270

DOCUMENT # L00000001550

1. Entity Name  
**PEDRO PAN ENTERPRISES LLC**

04-17-2002 90022 027 \*\*\*\*50.00

Principal Place of Business <b>300 ARAGON AVE          SUITE 330          CORAL GABLES FL 33134</b>	Mailing Address <b>300 ARAGON AVE          SUITE 330          CORAL GABLES FL 33134</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>410 MERIDIAN AVE.</b> Suite, Apt. #, etc. <b>A</b> City & State <b>MIAMI BEACH FL.</b>	3. Mailing Address <b>410 MERIDIAN AVE</b> Suite, Apt. #, etc. <b>A</b> City & State <b>MIAMI BEACH FL.</b>
---	--

4. FEI Number <b>65-0979384</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip <b>33139</b>	Country	Zip <b>33139</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
---------------------	---------	---------------------	---------	---

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MARINARI, CRISTIANO  
 300 ARAGON AVE., STE 330  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) 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 <b>MGR</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MARINARI, CRISTIANO</b>	
STREET ADDRESS <b>300 ARAGON AVE., STE 330</b>	
CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>	
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

TITLE <b>MGR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARINARI CRISTIANO</b>	
STREET ADDRESS <b>410 MERIDIAN AVE</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL. 33139</b>	
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: *Cristiano Marinari* **CRISTIANO MARINARI** **PANAMA** **04 08 02** **305 5670629**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)