

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90299 046 ***150.00

0016647

DOCUMENT # L00000001550

1. Entity Name

PEDRO PAN ENTERPRISES LLC



Principal Place of Business

Mailing Address

**410 MERIDIAN AVE
A
MIAMI FL 33130**

**410 MERIDIAN AVE
A
MIAMI FL 33130**

2. Principal Place of Business

410 MERIDIAN AVE

3. Mailing Address

410 MERIDIAN AVE

Suite, Apt. #, etc.

2ND FLOOR

Suite, Apt. #, etc.

SECOND FLOOR

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

Zip

33139

Country

Zip

33134

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0979384**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM MARINARI, CRISTIANO 410 MERIDIAN AVE MIAMI FL 33139			

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
MARINARI (MGR)

02/12/03

305 567 0629

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

Date

Daytime Phone #

CR2E083 (10/02)