

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000001875

1. Entity Name
FECORSA GROUP, L.L.C.

FILED
01 APR 30 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1401 PONCE DE LEON BLVD.
SUITE 402
CORAL GABLES FL 33134

Mailing Address
1401 PONCE DE LEON BLVD.
SUITE 402
CORAL GABLES FL 33134



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0992656

Applied For
Not Applicable

Zip Country

Zip Country

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

CORDERO, JAIME FEBRES
1401 PONCE DE LEON BLVD.
SUITE 402
CORAL GABLES FL 33134

Name
Sofia Powell-Cosio
Street Address (P.O. Box Number is Not Acceptable)
1390 Brickell Avenue
Suite 200
City Miami FL Zip Code 33131

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 Sofia Powell-Cosio

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME COREDERO, JAIME FEBRES
STREET ADDRESS 1401 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Delete

TITLE MGR
NAME Fecorsa Management Corporation
STREET ADDRESS 1401 Ponce De Leon Blvd., Suite 402
CITY-ST-ZIP Coral Gables, FL 33134 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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.

Fecorsa Management Corporation, Managing Member

SIGNATURE: Eduardo Gomez, VP 4/23/01 (305) 446-4499

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

Date

Daytime Phone #

CR2E083 (11/00)