

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90081 005 ****50.00

DOCUMENT # L00000001875

1. Entity Name

FECORSA GROUP, L.L.C.

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

104 CRANDON BLVD

Suite, Apt. #, etc.

312

City & State

Key Biscayne FL

Zip

33149

Country

3. Mailing Address

104 CRANDON BLVD

Suite, Apt. #, etc.

312

City & State

Key Biscayne FL

Zip

33149

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0992656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**POWELL-COSIO, SOFIA
 1390 BRICKELL AVENUE, SUITE 200
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

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

TITLE **MGR** ☐ Delete
 NAME **FECORSA MANAGEMENT CORPORATION**
 STREET ADDRESS **1401 PONCE DE LEON BLVD., SUITE 402**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **104 Crandon Blvd 312**
 CITY-ST-ZIP **Key Biscayne FL 33149**

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

TITLE ☐ Change ☐ Addition
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 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

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

Date

Daytime Phone #

CR2E083 (9/01)