

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003749

1. Entity Name

Mana Group L.L.C.

Principal Place of Business

Mailing Address

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business

760 B NW 32 ND ST

3. Mailing Address

760 B n.w. 32 ND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-1013457

Applied For

Not Applicable

Zip

33127-36-46

Country

USA

Zip

33127-36-46

Country

USA

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

Name

Nahún Alberto Mendez

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

760 B N.W. 32 ND ST

City

Miami FL

FL

Zip Code

33127-36-46

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

1/23/01

FILE NOW!!! FEE IS \$60.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	ONAN Mendez	1552 N.E. 8th STREET apt. 102	Homestead FL 33033	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MGR	Nahún Alberto Mendez	760 B n.w 32 ND ST	Miami FL 33127-36-46	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	Maria Mejia	760 B n.w. 32 ND ST	Miami Fla. 33127-36-46	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

700003456937--9
-01/24/01--01077--001
*****25.00 *****25.00
700003456937--9
-11/08/00--01030--023
*****25.00 *****25.00

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

Date

Daytime Phone #

1/23/01 (305) 6381643