

# 2001 UNIFORM BUSINESS REPORT (UBR)

1 of 2

**DOCUMENT #** L00000005923

**1. Entity Name**

**THE BOCCARASSA GROUP, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC -3 PM 1:59

**Principal Place of Business**  
2701 Ponce De Leon Blvd  
Suite #202  
Coral Gables, FL 33134

**Mailing Address**  
2701 Ponce De Leon Blvd  
Suite #202  
Coral Gables, FL 33134

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
104 Crandon Blvd.  
Suite, Apt. #, etc.  
Suite #407

**City & State**  
Key Biscayne, FL

**Zip**  
33149

**Country**  
USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number** ☒ Applied For ☐ Not Applicable

**5. Certificate of Status Desired** ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
CASTANO, WILLIAM  
2701 Ponce De Leon Blvd.  
Suite #202  
Coral Gables, FL 33134

**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 fee if applicable. **DATE** (NOTE: Registered Agent signature required when retaking)

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

| 9. MANAGING MEMBERS / MEMBERS                  |                                                                                                                          | 10. ADDITIONS / CHANGES                        |                                                                                                                                      |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P/T<br>MARCELO L. RADICE<br>255 E. Enid Drive<br>Key Biscayne, FL 33149<br><input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>WILLIAM CASTANO<br>2701 Ponce De Leon Blvd., Ste. 202<br>Coral Gables, FL 33134<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 000004719430-<br>-12/11/01--01085--007<br>*****50.00 *****50.00<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |

CR2ED083 (1/100)

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:** *William Castano* 11/24/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE. Date. Signature Photo &

2062

THE BOCCARASSA GROUP, LLC  
104 CRANDON BLVD., STE. #407  
KEY BISCAYNE, FL 33149

October 16, 2001

Uniform Business Report  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE:   *The Boccarassa Group, LLC***  
***Document #L00000005923***  
***2001 Uniform Business Report***

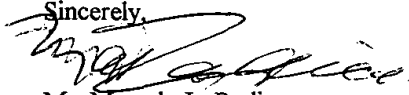
Gentlemen:

Enclosed find our 2001 Annual Report and our \$50.00 check for the filing fee.

Please be advised that it is the policy of our company to pay all bills upon receipt. Consequently if this has not been paid we undoubtedly never received it.

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely,

  
Mr. Marcelo L. Radice  
President