

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90019 010 ****50.00

DOCUMENT # L00000006194

1. Entity Name

CORPARK INTERNATIONAL GROUP, L.L.C.

Principal Place of Business

**2625 EXECUTIVE PARK DR., SUITE 5
 WESTON FL 33331**

Mailing Address

**2625 EXECUTIVE PARK DR., SUITE 5
 WESTON FL 33331**

2. Principal Place of Business

**1290 WESTON Road
 Suite, Apt. #, etc.
 Ste 218**

3. Mailing Address

**1290 WESTON Road
 Suite, Apt. #, etc.
 Ste 218**

City & State

WESTON, FL

City & State

WESTON, FL

4. FEI Number

65-1013865

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

33326

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CUEVAS, ANDREW ESQ
 CUEVAS & RUBIN PA
 536 BILTMORE WAY
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **BERNAL C, OSCAR**

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

1290 WESTON Road, STE 218

City

WESTON

FL

Zip Code

33326

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, 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 **MGRM** ☐ Delete
 NAME **CONCHADO, OSCAR BERNAL**
 STREET ADDRESS **2625 EXECUTIVE PARK DR., SUITE 5**
 CITY-ST-ZIP **WESTON FL 33331**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **BERNAL C, OSCAR**
 STREET ADDRESS **1290 WESTON Road, STE 218**
 CITY-ST-ZIP **WESTON, FL 33326**

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
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 NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

03/06/02

CR2E083 (9/01)

14196