

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006859

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

FILED

01 AUG 27 PM 12:17

Principal Place of Business
9410 S.W. 78TH ST.
MIAMI FL 33173

Mailing Address
9410 S.W. 78TH ST.
MIAMI FL 33173

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9410 S.W. 78th St.
Suite, Apt. #, etc.
m

3. Mailing Address
9410 S.W. 78th St.
Suite, Apt. #, etc.
m

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number ☒ Applied For
Not Applicable

Zip 33173 Country Dade / USA

Zip 33173 Country Dade / USA

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

6. Name and Address of Current Registered Agent

GUTIERREZ, NICOLAS J
RAFFERTY, GUTIERREZ & SANCHEZ-ABALLI, P.A.
1101 BRICKELL AVENUE, SUITE 1400
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name GUTIERREZ, NICOLAS J.
Street Address (P.O. Box Number is Not Acceptable)
RAFFERTY, GUTIERREZ & SANCHEZ-ABALLI, P.A.
1101 Brickell Ave, Ste 1400
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

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

300004562823--4
-08/23/01--01108--003
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME ESPINOSA, JORGE
STREET ADDRESS 9410 S.W. 78TH ST.
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE PRESIDENT
NAME ESPINOSA, JORGE
STREET ADDRESS 9410 S.W. 78th St.
CITY-ST-ZIP Miami, FL 33173 ☒ Change ☐ Addition

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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.

SIGNATURE:

[Signature]

786-493-7167

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

Date

Daytime Phone #

CR2E083 (11/00)

U010909 AF