

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000008226

1. Entity Name
PINEWOOD FINANCING, LLC.

FILED

01 APR -4 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7231 SW 63RD AVENUE, STE. 200 MIAMI FL 33143	Mailing Address 7231 SW 63RD AVENUE, STE. 200 MIAMI FL 33143
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. EEL Number
65-1023232

Applied For
Not Applicable

Zip Country Zip Country

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

MOREIRA, DOMINGO R
8600 SCHOOLHOUSE ROAD
MIAMI FL 33143

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

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-04/12/01--01120--021
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGR	Hernandez, Francisco	7231 SW 63rd Ave #200	Miami, FL 33143	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGR	Moreira, Domingo R.	7231 SW 63rd Ave #200	Miami, FL 33143	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGR	Alonso, Luis	7231 SW 63rd Ave # 200	Miami, FL 33143	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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, the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* DOMINGO R. MOREIRA **March 29, 2001** **305-663-4380**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)