

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000008226

FILED
Apr 29, 2003
Secretary of State

Entity Name: PINWOOD FINANCING, LLC.

Current Principal Place of Business:

7231 SW 63RD AVENUE, STE. 200
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

7231 SW 63RD AVENUE, STE. 200
MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-1023232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOREIRA, DOMINGO R
4153 PINTA COURT
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HERNANDEZ, FRANCISCO
Address: 7231 SW 63RD AVE., #200
City-St-Zip: MIAMI, FL 33143

Title: MGR () Delete
Name: MOREIRA, DOMINGO R
Address: 7231 SW 63RD AVE., #200
City-St-Zip: MIAMI, FL 33143

Title: MGR () Delete
Name: ALONSO, LUIS
Address: 7231 SW 63RD AVE., #200
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOREIRA, DOMINGO A
Address: 7231 SW 63RD AVE., #200
City-St-Zip: MIAMI, FL 33143

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LUIS ALONSO

MGR

04/29/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date