

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90295 036 ****50.00

DOCUMENT # L00000010127

1. Entity Name

GREEN SUN INTERNATIONAL GROUP, L.L.C.

Principal Place of Business

**536 BILTMORE WAY
 CORAL GABLES FL 33134**

Mailing Address

**536 BILTMORE WAY
 CORAL GABLES FL 33134**

955065

2. Principal Place of Business

169 E. Flagler Street

3. Mailing Address

Suite, Apt. #, etc.

Suite 1534

City & State

Miami, Florida

City & State

4. FEI Number

65-1034258 **APPLIED FOR**

Applied For

Not Applicable

Zip

33131

Country

U.S.A.

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

**CUEVAS, ANDREW ESQ.
 % CUEVAS & RUBIN, P.A.
 536 BILTMORE WAY
 CORAL GABLES FL 33134**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **FERNANDEZ PONCE, EDGAR ENRIQUE**
 STREET ADDRESS **536 BILTMORE WAY**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **MGRM** ☐ Delete
 NAME **NUNO DE FERNANDEZ, AMALIA PILAR**
 STREET ADDRESS **536 BILTMORE WAY**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **MGRM** ☐ Delete
 NAME **NUNO RON, RICARDO**
 STREET ADDRESS **536 BILTMORE WAY**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **MGRM** ☐ Delete
 NAME **NUNO RON, JULIO CESAR**
 STREET ADDRESS **536 BILTMORE WAY**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

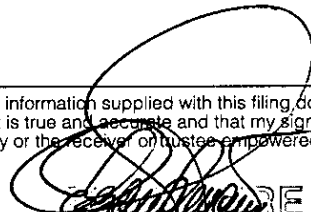
TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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:  **REQUIRED**

4/22/02

(305) 960-1129

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

Date

Daytime Phone #

CR2E083 (9/01)