

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90191 022 ***158.75

DOCUMENT # L01000001426

1. Entity Name

MASPARADIGM FINANCIAL GROUP, L.L.C.

Principal Place of Business

**2600 DOUGLAS ROAD SUITE 500
 CORAL GABLES FL 33134**

Mailing Address

**2600 DOUGLAS ROAD SUITE 500
 CORAL GABLES FL 33134**

Principal Place of Business

80 S.W. 8th Street

Suite, Apt. #, etc.

3102

Mailing Address

P.O. Box 14-1898

Suite, Apt. #, etc.

33114-1898

City & State

Miami, FL

Zip

33130

Country

USA

City & State

Coral Gables, FL

Zip

33114-1898

Country

USA

4. FEI Number

65-1071434

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MAS CANOSA, RAMON E
 2600 DOUGLAS ROAD SUITE 500
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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

Member ☐ Delete
MAS CANOSA, RAMON E
6350 S.W. 114 Street
Miami, FL 33156

Member ☐ Delete
SOLOMON, JOEL H.
1021 PLACETAS AVENUE
CORAL GABLES, FL 33146

Member ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Member ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Member ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Member ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Ramon E. Mas Canosa

Date

Daytime Phone #

CR2E083 (9/01)