

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90109 011 *****55.00

DOCUMENT # L01000001426

1. Entity Name
MASPARADIGM FINANCIAL GROUP, L.L.C.



Principal Place of Business

**80 SW 8TH ST 3102
MIAMI FL 33130**

Mailing Address

**PO BOX 14-1898
CORAL GABLES FL 33134**

20015039



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**800 Douglas Road
Suite 900
Coral Gables, FL**

3. Mailing Address

**P.O. Box 14-1898
Suite, Apt. #, etc.**

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number 65-1071434

Applied For
Not Applicable

Zip
33134

Country
US

Zip
33114-1898

Country
US

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 **Ramon E. Mas Canosa**
Street Address (P.O. Box Number is Not Acceptable)
800 Douglas Road
Suite 900
City **Coral Gables** **FL** **Zip Code** **33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

Ramon E. Mas Canosa, Member

1/7/03

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **MAS CANOSA, RAMON E**
STREET ADDRESS **6350 SW 114 ST**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **MGRM** ☐ Delete
NAME **SOLOMON, JOEL H**
STREET ADDRESS **1021 PLACETAS AVE**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ 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: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/7/03 **(305)529-0075**
Date **Daytime Phone #**

CR2E083 (10/02)