

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

04-30-2002 90132 038 ****50.00

DOCUMENT # L01000006351

1. Entity Name

MODRONO GROUP LLC

Principal Place of Business

2290 SW 141 PLACE
MIAMI FL 33175

Mailing Address

2290 SW 141 PLACE
MIAMI FL 33175

2. Principal Place of Business

8265 SW 114 St

Suite, Apt. #, etc.

3. Mailing Address

8265 SW 114 St

Suite, Apt. #, etc.

City & State

Miami, FL 33156

City & State

Miami, FL 33156

Zip

Country

Zip

Country

33126 United States

33156 United States

4. FEI Number

65-1095269

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional**
Fee Required

6. Name and Address of Current Registered Agent

LASARTE, FELIX
 200 SOUTH BISCAYNE BLVD.
 41ST FLOOR
 MIAMI FL 33131

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

TITLE NAME MGR
 STREET ADDRESS MODRONO, MANUEL ANTONIO
 CITY-ST-ZIP 2290 SW 141 PLACE
 MIAMI FL 33175 ☐ Delete

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGR ☒ Change ☐ Addition
 STREET ADDRESS Modrono, Manuel Antonio
 CITY-ST-ZIP 8265 SW 114 St
 Miami, FL 33156

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
 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 REQUIRED**

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

Date

Daytime Phone #

CR2E083 (9/01)