

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90024 015 ****50.00

DOCUMENT # L01000006351

1. Entity Name
MODRONO GROUP LLC



Principal Place of Business

8265 SW-114 ST,
MIAMI FL 33126

Mailing Address

8265 SW 114 ST
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
NAME **MODRONO, MANUEL ANTONIO**
STREET ADDRESS **8265 SW 114 ST**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **President** Change Addition
NAME **Manuela Modrono Jr.**
STREET ADDRESS **13400 SW 128 St**
CITY-ST-ZIP **Miami FL 33186**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President** Change Addition
NAME **Lourdes Modrono**
STREET ADDRESS **13400 SW 128 St**
CITY-ST-ZIP **Miami FL 33186**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** Change Addition
NAME **Madelaine Modrono**
STREET ADDRESS **13400 SW 128 St**
CITY-ST-ZIP **Miami FL 33186**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

[Handwritten Signature] **Signature Required** *[Handwritten Signature]* **04/11/03** **305-593-8980**

CR2E083 (10/02)