

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/6

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90135 031 \*\*\*\*50.00

**DOCUMENT # L01000010809**

1. Entity Name

**SR GROUP, LLC**

Principal Place of Business

**501 S.W. 79TH COURT  
 MIAMI FL 33144**

Mailing Address

**% AGI REGISTERED AGENTS, INC.  
 1200 BRICKELL AVENUE, SUITE 900  
 MIAMI FL 33131**

91754

2. Principal Place of Business

**10948 NW. 67 St**

3. Mailing Address

**10948 N.W. 67 St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FLORIDA.**

City & State

**MIAMI FLORIDA.**

Zip

**33178**

Country

**U.S.A.**

Zip

**33178**

Country

**U.S.A.**

4. FEI Number

**65-11729457**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**AGI REGISTERED AGENTS, INC.  
 1200 BRICKELL AVENUE, SUITE 900  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **SERGIO A. SALAZAR**

Street Address (P.O. Box Number is Not Acceptable)  
**10948 N.W. 67 St.**

City **MIAMI**

**FL**

Zip Code  
**33178**

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

*Sergio A. Salazar*

(NOTE: Registered Agent signature required when reinstating)

**4/24/02**

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**  
 NAME **SALAZAR, SERGIO A**  
 STREET ADDRESS **501 S.W. 79TH COURT**  
 CITY-ST-ZIP **MIAMI FL 33144**

☐ Delete

TITLE  
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 STREET ADDRESS  
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 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR**  
 NAME **SALAZAR, SERGIO A.**  
 STREET ADDRESS **10948 NW. 67 St.**  
 CITY-ST-ZIP **MIAMI FL 33178**

☒ Change

☐ Addition

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☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Sergio A. Salazar*

**4/24/02**

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

Date

Daytime Phone #

CR2083 (9/01)