

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

0008154

DOCUMENT # L01000014031

1. Entity Name

I.C.N.M. GROUP, L.L.C.

03-05-2002 90055 030 ****50.00

930447

Principal Place of Business

**536 BILTMORE WAY
 CORAL GABLES FL 33134**

Mailing Address

**536 BILTMORE WAY
 CORAL GABLES FL 33134**

2. Principal Place of Business

8180 NW 36 Street

Suite, Apt. #, etc.
Suite 316

City & State
Miami, Florida

Zip
33166

Country
U.S.A.

3. Mailing Address

8180 NW 36 Street

Suite, Apt. #, etc.
Suite 316

City & State
Miami, Florida

Zip
33166

Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1131699

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CUEVAS, ANDREW ESQ.
 536 BILTMORE WAY
 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

Andrew Cuevas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/2

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
 STREET ADDRESS
 CITY-ST-ZIP

MGRM Delete
IUDICI, NICOLA
536 BILTMORE WAY
CORAL GABLES FL 33134

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MGRM Delete
CASTRO, MANUEL
536 BILTMORE WAY
CORAL GABLES FL 33134

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MGRM Delete
PUZZI, GIUSEPPE
536 BILTMORE WAY
CORAL GABLES FL 33134

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MGRM Change Addition
Iudici, Nicola
8180 NW 36 St., Suite 316
Miami, Florida 33166

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MGRM Change Addition
Castro, Manuel
8180 NW 36 St., Suite 316
Miami, Florida 33166

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MGRM Change Addition
Puzzi, Linda
8180 NW 36 St., Suite 316
Miami, Florida 33166

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MGRM Change Addition
Iudici, Mario
8180 NW 36 St., Suite 316
Miami, Florida 33166

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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

2/20/2 954-217-1468

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

Date

Daytime Phone #

CR2E083 (9/01)