

# 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**

3. Mailing Address

**8180 NW 36 Street**

Suite, Apt. #, etc.

**Suite 316**

City & State

**Miami, Florida**

City & State

**Miami, Florida**

Zip

**33166**

Country

**U.S.A.**

Zip

**33166**

Country

**U.S.A.**

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*

(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 **MGRM** ☐ Delete  
 NAME **IUDICI, NICOLA**  
 STREET ADDRESS **536 BILTMORE WAY**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **MGRM** ☐ Delete  
 NAME **CASTRO, MANUEL**  
 STREET ADDRESS **536 BILTMORE WAY**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **MGRM** ☐ Delete  
 NAME **PUZZI, GIUSEPPE**  
 STREET ADDRESS **536 BILTMORE WAY**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
 NAME **Iudici, Nicola**  
 STREET ADDRESS **8180 NW 36 St., Suite 316**  
 CITY-ST-ZIP **Miami, Florida 33166**

TITLE **MGRM** ☒ Change ☐ Addition  
 NAME **Castro, Manuel**  
 STREET ADDRESS **8180 NW 36 St., Suite 316**  
 CITY-ST-ZIP **Miami, Florida 33166**

TITLE **MGRM** ☒ Change ☐ Addition  
 NAME **Puzzi, Linda**  
 STREET ADDRESS **8180 NW 36 St., Suite 316**  
 CITY-ST-ZIP **Miami, Florida 33166**

TITLE **MGRM** ☒ Change ☐ Addition  
 NAME **Iudici, Mario**  
 STREET ADDRESS **8180 NW 36 St., Suite 316**  
 CITY-ST-ZIP **Miami, Florida 33166**

TITLE ☐ Change ☐ Addition  
 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 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)