

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90696 017 *****55.00

DOCUMENT # L01000014031

1. Entity Name

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



Principal Place of Business

Mailing Address

8180 NW 36 STREET
SUITE 316
MIAMI FL 33166

8180 NW 36 STREET
SUITE 316
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

8180 NW 36 Street

8180 NW 36th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

316

Suite 316

City & State

City & State

Miami FL

Miami, FL

Zip

Zip

33166

33166

Country

Country

USA

USA

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

CUEVAS, ANDREW ESQ.
536 BILTMORE WAY
CORAL GABLES FL 33134

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

05/01/03

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 MGRM ☐ Delete
NAME IUDICI, NICOLA
STREET ADDRESS 8180 NW 36 ST. SUITE 316
CITY-ST-ZIP MIAMI FL 33166

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

TITLE MGRM ☐ Delete
NAME CASTRO, MANUEL
STREET ADDRESS 8180 NW 36 ST. SUITE 316
CITY-ST-ZIP MIAMI FL 33166

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

TITLE MGRM ☐ Delete
NAME PUZZI, LINDA
STREET ADDRESS 8180 NW 36 ST., SUITE 316
CITY-ST-ZIP MIAMI FL 33166

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

05/01/03

(305) 5599491

Date

Daytime Phone #

CR2E083 (10/02)