

# 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

0020630

**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 36<sup>th</sup> Street**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**316**      **Suite 316**

City & State      City & State

**Miami FL**      **Miami, FL**

Zip      Country      Zip      Country

**33166 USA**      **33166 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

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

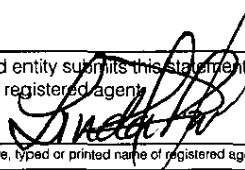
7. Name and Address of New Registered Agent

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

SIGNATURE       DATE **05/01/03**

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

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | <b>MGRM</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>IUDICI, NICOLA</b>            |                                 |
| STREET ADDRESS | <b>8180 NW 36 ST. SUITE 316</b>  |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33166</b>            |                                 |
| TITLE          | <b>MGRM</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>CASTRO, MANUEL</b>            |                                 |
| STREET ADDRESS | <b>8180 NW 36 ST. SUITE 316</b>  |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33166</b>            |                                 |
| TITLE          | <b>MGRM</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>PUZZI, LINDA</b>              |                                 |
| STREET ADDRESS | <b>8180 NW 36 ST., SUITE 316</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33166</b>            |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |

10. ADDITIONS / CHANGES

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:       **DATE REQUIRED**      **05/01/03**      **(305) 599 9491**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)