

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000095

1. Entity Name  
 DRAGONFLY GROUP, L.L.C.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 AUG 14 AM 10: 02

Principal Place of Business Mailing Address  
 4141 EL PRADO BLVD. 4141 EL PRADO BLVD.  
 MIAMI FL 33133 MIAMI FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number 58-2269872  
 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LEVINE, JACK C.P.A.  
 16855 N.E. 2ND AVENUE, #303  
 N. MIAMI BEACH FL 33162

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
 FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 400003310104-2  
 -08/23/00--01098--022  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MANAGERS  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 MGR QUINTO, STEPHEN L 6505 ALLISON ROAD MIAMI BEACH FL 33141  
 Delete  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 Delete  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
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 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 Delete

10. ADDITIONS / CHANGES  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 MGR QUINTO, STEPHEN L 4141 EL PRADO MIAMI, FL 33133  
 Change Addition  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 Change Addition  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 Change Addition  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 Change Addition  
 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  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
 Date 8/8/00 Daytime Phone #

CR2E083 (5/00)