2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   M97000000095

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

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

Mailing Address
4141 EL PRADO BLVD.
MIAMI FL 33133

FILED

01 JAN 22 PM 2: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
6259 Sw 57th ST

Suite, Apt. #, etc.

City & State
S. MIAMI   FL

Zip
33143

Country

3. Mailing Address
6259 Sw 57th ST

Suite, Apt. #, etc.

City & State
S. MIAMI   FL

Zip
33143

Country

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent	
LEVINE, JACK C.P.A. 16855 N.E. 2ND AVENUE, #303 N. MIAMI BEACH FL 33162	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL

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)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9.	MANAGING MEMBERS / MEMBERS	10.	ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUINTO, STEPHEN L 4141 EL PRADO BLVD. MIAMI FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000035759 34 ── 5 ─01/26/01──01023──012 *****50.00 *****50.00	☐ Change ☐ Addition
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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: _____ STEPHEN QUINTO   1/18/01   305 669 0233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (11/00)