2001 UNIFORM	I BUSINESS	REPORT	(UBR)
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2001 UNIFORM BUSINESS REPORT (UBR)				R)	Ál	PPKUYE		* 9	5
DOCUMENT # L0000005936 1. Entity Name TECVENAM L.C.				,	Ol ADD	FILED		•)\$/ 27
		*2	-			26 AM		 •	
Principal Place 7801 NW 37 PA 1300 MIAMI FL 331		Mailing Address 7801 NW 37 STREET PA 1300 MIAMI FL 33166-6559		and a second to the second to	(AELAH)	ARÝ OF ASSEE, F	UORIDA !		
2 Principal P	Place of Business	3. Mailing Address	<u> </u>						
	131 St 131 St		BIST		DO NOT WRI	TE IN THIS SF	PACE	/	
City & State	·	City & State		4. FE	I Number		, 12 .	oplied For ot Applicable	}
Zip 331	Country	zip 33186	Country DADE	5. Ce	ertificate of Status Desired		5.00 Add	ditional,	
	6. Name and Address of Current I			7. Na	me and Address of New F	legistered Ac	jent		(
EEI DENK	(RAIS, MICHAEL		Name						
	165 STREET, PLAZA 100		Street A	ddress (P.O. Bo)	Number is Not Acceptable	∍)	1	ĺ	
MIAMI FL					· · · · · · · · · · · · · · · · · · ·				
			City	City FL Zip Code					
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office o	r registered agen	it, or both, in the State of Flo	orida.			
								1	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	egistered Agent signat	ure required when reins	stating)	DATE	:		
		FILE NOV	V!!! FEE IS \$	50.00			1		}
		Make Check Paya	ble to Depart	ment of State			: 		
9.	MANAGING MEMBE	RS/MEMBERS	10.		ADDITIONS	/CHANGES			_
NAME	GENERAL MANAGER /F HAROLO PRI ETO 14672 SW 160CT MIAMI, FL 33196	Pr & Prot□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARIA	resident A. Vaieiro Sw 131 St #1 1,71 33186		Change	Addition	E083 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE Prosident fi JUAN A. Pericchi 13380 SW 1315t,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE P 1058 13380	RESIDENT DATISTA SW 131 St#	_ i	Change	Addition	CR2E0
TITLE NAME STREET ADDRESS CITY-ST-ZIP-	MAMI FL 3318 VICE-PRESIDENT PEDTO V. MOUTENE 13380 SW 131 ST # MIAMI FL 33166	GrO PIZZ	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAM	-05/10	0/010 *50.00	TUCAMOR -	DHA _{ddijon}	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	, TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
11. I hereby c	certify that the information supplied with on this report is true and accurate and t	this filing does not qualify for the	e exemption sta same legal effe	ted in Section 11 ct as if made und	9.07(3)(i), Florida Statutes. der oath; that I am a manag	I further certif	y that the in	nformation r of the	I

limited liability company or the receiver or present a superior of the second of the s

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE