

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0075412

DOCUMENT # L02000011447

1. Entity Name

TECANA AMERICAN UNIVERSITY, LLC



FILED

03 MAY 27 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

DR. JESUS RIVAS ZABALETA
PAKMAIL 3069, PO BOX 02 5304
MIAMI FL 33102-5304

Mailing Address

DR. JESUS RIVAS
PAKMAIL 3069, 7801 N.W. 37TH ST.
MIAMI FL 33166-6559

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 331011608

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E-PARK AVE.
TALLAHASSEE FL 32301

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

Dr. Jesus R. Rivas Zabaleta

March 25, 2003

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 **Principal Member** ☐ Delete
NAME **Dr. Jesus Reinaldo Rivas Zabaleta, MGRM.**
STREET ADDRESS **1580 Sawgrass Corporate Parkway Suite 130**
CITY-ST-ZIP **Sunrise Florida 33323**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **300013185353**
CITY-ST-ZIP **02/27/03--01045--022 **50.00**

TITLE ☐ Change ☒ Addition
NAME **member**
STREET ADDRESS **Mrs. Omaira Gamboa Olivares, MGRM.**
CITY-ST-ZIP **1580 Sawgrass Corporate Parkway Suite 130**
Sunrise Florida 33323

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

TITLE ☐ Change ☐ Addition
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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:

Dr. Jesus R. Rivas Zabaleta February 24, 2003 (954) 315-4683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)