2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002725

1. Entity Name

TESLA Miami L.C.

Principal Place of Business	Mailing Address
9010 SW 137th Av. Suite 211 Miami FL 33186	9010 SW 137th Av. Suite 211 Miami FL 33186

2. Principal Place of Business	3. Mailing Address
9010 SW 137th Av.	9010 SW 137th Av.
Suite, Apt. #, etc. Sute 211	Suite, Apt. #, etc. Suite 211
City & State Miami FL	City & State Miami FL
Zip 33186	Country USA
Zip 33186	Country USA

DO NOT WRITE IN THIS SPACE

MNM

4. FEI Number
650898730

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

Roberto Arcanaga
9010 SW 137th Av.
Suite 211. Miami FL 33186

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 _____ 04/17/2000
Signature, type 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	Managing Member Ricardo Machado da Costa V. 9010 SW 137th AV. Suite 211 Miami FL 33186 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Roberto Arcanaga 9010 SW 137th Av. Suite 211 Miami FL 33186 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300003237983--3
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	-05/03/00--01121-002 ☐ Change ☐ Addition *****55.00 *****55.00
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

CR2E083 (11/99)

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: _____ 04/17/2000 (305) 752 7585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #