

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90220 021 ****50.00

DOCUMENT # L98000002725

1. Entity Name

TESLA MIAMI, L.C.

Principal Place of Business

**9010 SW 137TH AVENUE SUITE 221
 MIAMI FL 33186**

Mailing Address

**9010 SW 137TH AVENUE SUITE 221
 MIAMI FL 33186**

2. Principal Place of Business

9010 SW 137TH AVE

Suite, Apt. #, etc.

SUITE 211

City & State

MIAMI FL

Zip

33186

Country

US

3. Mailing Address

9010 SW 137TH AVE

Suite, Apt. #, etc.

SUITE 211

City & State

MIAMI FL

Zip

33186

Country

US

4. FEI Number

65-0898730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ARRANAGA, ROBERTO
 9010 S.W. 137TH AVENUE, 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

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
 NAME **MACHADO DACOSTAVIEGO, RICARDO**
 STREET ADDRESS **9010 SW 137TH AVENUE SUITE 221**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **MGRM** ☐ Delete
 NAME **ARRANAGA, ROBERTO**
 STREET ADDRESS **9010 S.W. 137TH AVE., SUITE 211**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED

05/01/02 (305) 752-7585

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

Date

Daytime Phone #

CR2E083 (9/01)