

2001 UNIFORM BUSINESS REPORT (UBR)

00002 3 AF

DOCUMENT # L00000000533

1. Entity Name
TUARISTAS.COM, LLC

FILED

01 MAY -3 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
601 BRICKELL KEY DRIVE, STE. 802
MIAMI FL 33131

Mailing Address
601 BRICKELL KEY DRIVE, STE. 802
MIAMI FL 33131

2. Principal Place of Business
770 Cloughton Island Dr

3. Mailing Address
770 Cloughton Island Dr

Suite, Apt. #, etc.
Suite # 604

Suite, Apt. #, etc.
Suite 604

City & State
Miami FL 33131

City & State
Miami FL 33131

Zip
33131

Country
U.S.A.

Zip
33131

Country
U.S.A.

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VAZQUEZ, GERARDO A
601 BRICKELL KEY DRIVE, STE. 802
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Jorge Abraham Mendez
Street Address (P.O. Box Number is Not Acceptable)
770 Cloughton Island Dr
Suite # 604
City Miami FL Zip Code 33131

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 Jorge A. Mendez President 04/29/01
Signature typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDEZ, ABRAHAM 601 BRICKELL KEY DRIVE, STE. 802 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004335813-1 -05/31/01--01046-013 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jorge A. Mendez President 04/29/01 305-372-9696
Signature typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (11/00)