2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State DOCUMENT # L0000001347 1. Entity Name 05-06-2002 90131 017 ****50.00 T-B INVESTMENTS, L.C. Principal Place of Business Mailing Address 8130 N.W. 58TH STREET 8130 N.W. 58TH STREET MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1007931 Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FREEMAN, PAUL H Street Address (P.O. Box Number is Not Acceptable) **STE 410, 1840 WEST 49TH STREET** HIALEAH FL 33012 City 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change [] Addition STEVENS, ANABEL T NAME STREET ADDRESS 8130 NW 58TH ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33166** CITY-ST-ZIP MGR TITLE Delete TITLE ☐ Change ☐ Addition NAME TERAN, MAURICIO NAME STREET ADDRESS 8130 NW 58TH ST STREET ADDRESS CITY-ST-ZIE **MIAMI FL 33166** CITY-ST-ZIP TITLE ☐ Delete TITLE. ☐ Change... ☐ Addition NAME TERAN, CARLOS NAME 8130 NW 58TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33166** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME TERAN, ROGER STREET ADDRESS 8130 NW 58TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition TERAN, ROGER F NAME STREET ADDRESS 8130 NW 58TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 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 employed to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TERAN, NELDA

677 HAMPTON LANE

KEY BISCAYNE FL 33149

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

R, MANAGER, OR AUTHORIZED REPRESENTATIVE

Delete

☐ Change

☐ Addition

(10/6)