

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90078 016 \*\*\*\*50.00

0020681

**DOCUMENT # L00000001347**

1. Entity Name

**T-B INVESTMENTS, L.C.**  
*L.L.C. A.T.S.*



Principal Place of Business

Mailing Address

**8130 N.W. 58TH STREET  
MIAMI FL 33166**

**8130 N.W. 58TH STREET  
MIAMI FL 33166**

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 **65-1007931**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREEMAN, PAUL H  
STE 410, 1840 WEST 49TH STREET  
HIALEAH FL 33012**

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 \_\_\_\_\_ (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

10. ADDITIONS/CHANGES

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>STEVENS, ANABEL T</b>	
STREET ADDRESS	<b>8130 NW 58TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>TERAN, MAURICIO</b>	
STREET ADDRESS	<b>8130 NW 58TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TERAN, CARLOS</b>	
STREET ADDRESS	<b>8130 NW 58TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TERAN, ROGER</b>	
STREET ADDRESS	<b>8130 NW 58TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TERAN, ROGER F</b>	
STREET ADDRESS	<b>8130 NW 58TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TERAN, NELDA</b>	
STREET ADDRESS	<b>677 HAMPTON LANE</b>	
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Signature*  
**4/16/03 (305) 477-8000**  
Date Daytime Phone #

CR2E083 (10/02)