

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-30-2002 90119 023 ****50.00

DOCUMENT # L00000005936

1. Entity Name

TECVENAM L.C.

Principal Place of Business

13380 SW 131 ST. #122
 MIAMI FL 33186

Mailing Address

13380 SW 131 ST. #122
 MIAMI FL 33186

85850

2. Principal Place of Business

8209 NW 66 St.

3. Mailing Address

8209 NW 66 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33166

Country

USA

Zip

33166

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1015816

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FELDENKRAIS, MICHAEL
 290 NW 185 STREET, PLAZA 100
 MIAMI FL 33169

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)

2/20/02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP PRIETO, HAROLD 14872 SW 160 CT MIAMI FL 33196	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PERICCHI, JUAN A 13380 SW 131 ST. #122 MIAMI FL 33186	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONTENEGRO, PEDRO V 13380 SW 131 ST #122 MIAMI FL 33186	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALEIRO, MARIA A 13380 SW 131 ST. #122 MIAMI FL 33186	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BATISTA, JOSE D 13380 SW 131 ST. #122 MIAMI FL 33186	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 file this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

2/20/02

305.629.9304

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

Date

Daytime Phone #

CR2E083 (9/01)