

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90025 015 ****50.00

DOCUMENT # L00000005936

1. Entity Name

TECVENAM L.C.



Principal Place of Business

**8209 N.W. 66 STREET
MIAMI FL 33166**

Mailing Address

**8209 N.W. 66 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 **65-1015896**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELDENKRAIS, MICHAEL
290 NW 165 STREET, PLAZA 100
MIAMI FL 33169**

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

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 Florida Department of State

Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRP** ☐ Delete
NAME **PRIETO, HAROLD**
STREET ADDRESS **14672 SW 160 CT**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **MGRP** ☒ Change ☐ Addition
NAME **Prieto, Harold**
STREET ADDRESS **8209 NW 66th Street**
CITY-ST-ZIP **Miami, FL 33166**

TITLE **V** ☐ Delete
NAME **PERICCHI, JUAN A**
STREET ADDRESS **13380 SW 131 ST. #122**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **V** ☒ Change ☐ Addition
NAME **Pericchi, Juan A.**
STREET ADDRESS **4830 NW 102 AVE #101**
CITY-ST-ZIP **Miami, FL 33178**

TITLE **V** ☐ Delete
NAME **MONTENEGRO, PEDRO V**
STREET ADDRESS **13380 SW 131 ST #122**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **V** ☒ Change ☐ Addition
NAME **Montenegro, Pedro V.**
STREET ADDRESS **4830 NW 102 AVE # 101**
CITY-ST-ZIP **Miami, FL 33178**

TITLE **V** ☐ Delete
NAME **VALEIRO, MARIA A**
STREET ADDRESS **13380 SW 131 ST. #122**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **V** ☒ Change ☐ Addition
NAME **Valeiro, Maria A.**
STREET ADDRESS **8209 NW 66th Street**
CITY-ST-ZIP **Miami, FL 33166**

TITLE **V** ☐ Delete
NAME **BATISTA, JOSE D**
STREET ADDRESS **13380 SW 131 ST. #122**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **V** ☒ Change ☐ Addition
NAME **Batista, Jose D.**
STREET ADDRESS **8209 NW 66th Street**
CITY-ST-ZIP **Miami, FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

3-19-2003

305-6299304

CR2E083 (10/02)