

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90573 023 *****50.00

DOCUMENT # L00000006438

1. Entity Name

T.O.R. TRADING, L.L.C.



Principal Place of Business

**1101 BRICKELL AVENUE, STE. 800
MIAMI FL 33131**

Mailing Address

**1101 BRICKELL AVENUE, STE. 800
MIAMI FL 33131**

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 **65-1015867**

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

~~TORRIJOS, MANUEL~~

**1101 BRICKELL AVENUE, STE. 800
MIAMI FL 33131**

Name

Fernando Torrijos

Street Address (P.O. Box Number is Not Acceptable)

1101 Brickell Avenue, Ste 800

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Fernando Torrijos

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 **MGR**
NAME **TORRIJOS, MANUEL**
STREET ADDRESS **1101 BRICKELL AVENUE, STE. 800**
CITY-ST-ZIP **MIAMI FL 33131** ☒ Delete

TITLE **Fernando Torrijos**
NAME **1101 Brickell Avenue, Ste 800**
STREET ADDRESS **MIAMI, FL 33131** ☐ Change ☒ Addition

TITLE **MGR**
NAME **TRIBLIX, S.A.**
STREET ADDRESS **1101 BRICKELL AVENUE, STE. 800**
CITY-ST-ZIP **MIAMI FL 33131** ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Fernando Torrijos

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

Date

Daytime Phone #

4/30/03

305-577-8587

CR2E083 (10/02)