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FILED
Jun 05, 2002 8:00 am
Secretary of State

05-06-2002 90190 035 ****50.00

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DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007754

1. Entity Name
T&M TRADING, L.L.C.

Principal Place of Business	Mailing Address
1101 BRICKELL AVENUE. STE. 800 MIAMI FL 33131	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 65-1022227 ☐ 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
URDONEZ, JUAN 1101 BRICKELL AVENUE, STE. 800 MIAMI FL 33131	Name: TORRIJOS, JUAN CARLOS Street Address (P.O. Box Number is Not Acceptable): 1101 BRICKELL AVENUE, STE N.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.

SIGNATURE Juan C. Torrijos 05/20/02
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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORRIJOS, JUAN CARLOS 1101 BRICKELL AVENUE, STE. 800-N MIAMI FL 33137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, ILEANA 1101 BRICKELL AVENUE, STE. 800-N MIAMI FL 33137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E063 (9/01)

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: Juan SIGNATURE REQUIRED 04/24/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #