

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0032018

DOCUMENT # L00000008606

1. Entity Name

TCAG, LLC.

02 MAR 11 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

15725 S.W. 188 STREET
MIAMI FL 33187

Mailing Address

15725 S.W. 188 STREET
MIAMI FL 33187

2. Principal Place of Business

13003 Zambrana St.

3. Mailing Address

13003 Zambrana St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33156

Country

U.S.A.

Zip

33156

Country

U.S.A.

4. FEI Number

65-1123134

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARLADE, ALBERTO J
C/O PARLADE & FIGUERAS
7050 S.W. 86 AVENUE
MIAMI FL 33143

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)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete
NAME KERN, JAMES W
STREET ADDRESS 15725 S.W. 188 STREET
CITY-ST-ZIP MIAMI FL 33187

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition
NAME Carro, Raquel
STREET ADDRESS 13003 Zambrana St.
CITY-ST-ZIP Coral Gables, FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200005109292--0
CITY-ST-ZIP -03/15/02--01013--003
*****55.00 *****55.00

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

TITLE ☐ Change ☐ Addition
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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:

Raquel Carro

Raquel Carro 3/06/2002 (305) 595-2300

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

Date

Daytime Phone #

CR2E083 (9/01)