

2001 UNIFORM BUSINESS REPORT (UBR)

0032415 SP

DOCUMENT # L00000009904

1. Entity Name

TAMWEST, L.L.C.

FILED

01 FEB 23 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

416 SABLE RIDGE CIRCLE
WESTON FL 33331

Mailing Address

416 SABLE RIDGE CIRCLE
WESTON FL 33331

2. Principal Place of Business

4106 Sable Ridge Circle

3. Mailing Address

4106 Sable Ridge Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, Florida

City & State

Weston, Florida

Zip

Country

33331

Zip

Country

33331

4. FEI Number

65-104-6527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEUTSCH, STEVEN
C/O FRANK, WEINBERG & BLACK, P.A.
7805 S.W. 6TH COURT
PLANTATION FL 33324

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

9. MANAGING MEMBERS/MEMBERS

TITLE member
NAME Charles T. Tamburello
STREET ADDRESS 1371 Victoria Isle Dr.
CITY-ST-ZIP Weston FL 33327 ☐ Delete

TITLE member
NAME Regina M. Tamburello
STREET ADDRESS 1371 Victoria Isle Dr.
CITY-ST-ZIP Weston FL 33327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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
200003769212-4
-02/27/01-01020-003
*****50.00 *****50.00

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

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

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

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

SIGNATURE:

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

Date

Daytime Phone #

1/29/01 1954-2179111

CR2E083 (11/00)