

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010613

1. Entity Name  
TRANSDIFARM INTERNATIONAL, L.L.C.

Principal Place of Business  
1290 WESTON ROAD, SUITE #218  
WESTON FL 33326

Mailing Address  
1290 WESTON ROAD, SUITE #218  
WESTON FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

65-1037250

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

CUEVAS, ANDREW ESQ.  
536 BILTMORE WAY  
CORAL GABLES FL 33134

Name

ANGEL ERNESTO MATA

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

1290 WESTON RD

SUITE 218

City

WESTON

FL

Zip Code

33326

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

2/6/01

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
AFINCOR INTERNATIONAL, L.L.C.  
1290 WESTON ROAD, SUITE 3218  
WESTON FL 33326 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TRANSDIFARM, C.A.  
1290 WESTON ROAD, SUITE 3218  
WESTON FL 33326 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800003708648-7  
-02/19/01--01008--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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TITLE  
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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 #

2/6/01 (954) 389 2665

FILED

01 FEB -9 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)