

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011032

1. Entity Name

TEGHO TRADING COMPANY, L.L.C.

FILED

01 APR 30 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1434 Cassandra Drive
Jacksonville, FL 32217

Mailing Address

1434 Cassandra Drive
Jacksonville, FL 32217

2. Principal Place of Business

12700 SW 67 Ct.

3. Mailing Address

12700 SW 67 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number

59-3669120

Applied For

Not Applicable

Zip
33156

Country
USA

Zip
33156

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

HEEKIN, ROBERT A
4347-4 University Boulevard South
Jacksonville, Florida 32216

7. Name and Address of New Registered Agent

Name

Heekin, Robert A.

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

1 Sleiman Parkway, Suite 280

City

Jacksonville

FL

Zip Code
32216

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.

(NOT: Registered Agent signature required when reinstating)

DATE

4/25/01

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME Heekin, Robert A
STREET ADDRESS 1Sleiman Parkway, Suite 280
CITY-ST-ZIP Jacksonville, FL 32216

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME Tegho, Roberto
STREET ADDRESS 12700 SW 67 Ct.
CITY-ST-ZIP Miami, FL 33156

TITLE MGRM ☐ Change ☒ Addition
NAME Robaina, Fabiola
STREET ADDRESS 12700 SW 67 Ct.
CITY-ST-ZIP Miami, FL 33156

TITLE MGRM ☐ Change ☒ Addition
NAME Scul, Julio
STREET ADDRESS 12700 SW 67 Ct.
CITY-ST-ZIP Miami, FL 33156

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

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

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:

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

Date

Daytime Phone #

4/25/01 904/636-9777

CR2E083 (11/00)