

2002 UNIFORM BUSINESS REPORT (UBR)

04-17-2002 90020032 *** 50.00
L00000012130

DOCUMENT # L00000012130

1. Entity Name

T.D.H. LIMITED CO.

Principal Place of Business

2801 PONCE DE LEON BLVD., #1280
CORAL GABLES FL 33134

Mailing Address

2801 PONCE DE LEON BLVD., #1280
CORAL GABLES FL 33134

FILED

2002 JUL 24 PM 12:35

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

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

ROS, DEBORA A
2801 PONCE DE LEON BLVD., #1280
CORAL GABLES FL 33134

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

10. ADDITIONS/CHANGES

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ZABALETA, EMILIO 2801 PONCE DE LEON BLVD., #1280 CORAL GABLES FL 33134 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP NUNEZ, MIRIAM 2801 PONCE DE LEON BLVD., #1280 CORAL GABLES FL 33134 | <input type="checkbox"/> Delete |
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CR2E083 (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: *[Signature]*

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