

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000005845

1. Entity Name

TBG ENTERPRISE VENDING L.L.C.

Principal Place of Business

12625 SW 189TH STREET
MIAMI FL 33177

Mailing Address

12625 SW 189TH STREET
MIAMI FL 33177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GARAY, ANTHONY JOSEPH
12625 SW 189TH STREET
MIAMI FL 33177

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 September 26, 2001

200004666732--3
-11/06/01--01003--026

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President / CEO
Anthony Joseph Garay
12625 SW 189th
Miami FL 33177

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10.

ADDITIONAL CHANGES *****55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 REQUIRED

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

Date

Daytime Phone #

FILED

01 OCT 29 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT-2001

4. FEI Number

651-05-3825

Applied Fee

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

0004186

CR2E083 (5/01)

STAPLE CHECK HERE