

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90255 011 ****50.00

0007064

DOCUMENT # L01000003108

1. Entity Name

TIREX PRECISION SERVICES, LLC

Principal Place of Business

**520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131**

Mailing Address

**520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131**

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

65-1093504

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

**TRANSGLOBAL CORPORATE ADMINISTRATION, INC.
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131**

Name

Transglobal Corporate Administration

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

520 Brickell Key Drive

Ste 0-305

City

Miami

FL

Zip Code
33131

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	P	<input type="checkbox"/> Delete
NAME	Jose Eduardo Barreto	
STREET ADDRESS	520 Brickell Key Drive	Ste 0-305
CITY-ST-ZIP	Miami FL	33131
TITLE	VP	<input type="checkbox"/> Delete
NAME	Fernandez Nunez	
STREET ADDRESS	520 Brickell Key Drive	Ste 0-305
CITY-ST-ZIP	Miami FL	33131
TITLE	S	<input type="checkbox"/> Delete
NAME	Marco Antonio Garavelo	
STREET ADDRESS	520 Brickell Key Drive	Ste 0-305
CITY-ST-ZIP	Miami FL	33131
TITLE	AS	<input type="checkbox"/> Delete
NAME	Stephen Freeman	
STREET ADDRESS	520 Brickell Key Drive	Ste 0-305
CITY-ST-ZIP	Miami FL	33131
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUESTED

Stephen Freeman 4/30/02 374-3800

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

Date

Daytime Phone #

CR2E083 (9/01)