

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90022 032 ****50.00

DOCUMENT # **L01000007168**

1. Entity Name

TRANTOR GROUP L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20801 BISCAYNE BLVD

3. Mailing Address

2725 P.O. BOX

Suite, Apt. #, etc.

403

Suite, Apt. #, etc.

City & State

AVENTURA FL

City & State

HALLANDALE

4. FEI Number

65-1121074

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33008

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **JULIAN ORDOÑEZ**

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

20801 BISCAYNE BLVD SUITE 403

City **AVENTURA**

FL

Zip Code

33180

**DO NOT WRITE
IN THIS SPACE**

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]
Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGRM	JULIAN ORDOÑEZ	20801 BISCAYNE BLVD SUITE 403				
	MGRM	JUAN CARLOS AVILA	2750 NE 183 ST APT. 403				
	MGRM	ADRIANA NUÑEZ	2780 NE 183 ST APT 1506				
	MGRM	RAQUEL MARTES	2780 NE 183 ST APT 1506				

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/22/02

CR2E083B (12/01)