

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90022 009 *****50.00

DOCUMENT # L01000007465

1. Entity Name

TV TIENDA GROUP LLC

Principal Place of Business

~~12421 S.W. 47TH ST.
 MIAMI FL 33175~~

Mailing Address

~~12421 S.W. 47TH ST.
 MIAMI FL 33175~~

2. Principal Place of Business

8280 N.W. 27TH STREET

3. Mailing Address

8280 NW 27TH STREET

Suite, Apt. #, etc.

501

Suite, Apt. #, etc.

501

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33122

Country

USA

Zip

33122

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1102749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **ZANDRA S. HILLMAN**

Street Address (P.O. Box Number is Not Acceptable) **10 N.W. Le Jeune Rd. #600**

City

MIAMI

FL

Zip Code

33126

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

TITLE **MGR** ☐ Delete
 NAME **ALVAREZ, JOSE P**
 STREET ADDRESS **12421 S.W. 47TH ST.**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **MGR** ☒ Delete
 NAME **CARREIRA, GERMANO A**
 STREET ADDRESS **12421 S.W. 47TH ST.**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **MEM** ☐ Delete
 NAME **RASSE, NELSON**
 STREET ADDRESS **3140 CROWNE DR.**
 CITY-ST-ZIP **PALMDALE CA 93551**

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

TITLE **MEM** ☐ Change ☒ Addition
 NAME **RASSE, NELSON**
 STREET ADDRESS **10 S.W. 130TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33184**

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 *****

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]**

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

4/9/02

Date

(305) 436-9899

Daytime Phone #

CR2E083 (9/01)

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