

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90591 034 ****50.00

DOCUMENT # L01000016975

1. Entity Name

TIARA TRADING LLC.

957966



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1620 MAIN ST
 SUITE 8
 SARASOTA FL 34236**

Mailing Address

**1620 MAIN ST
 SUITE 8
 SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

PO Box 708
 Suite, Apt. #, etc.

Anna Maria FL
 City & State

4. FEI Number

01-0578311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BASEMAN, IRA A
 1620 MAIN ST
 SUITE 8
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name **Joseph Zigulich**
 Street Address (P.O. Box Number is Not Acceptable)
217 Oak Ave

City **Anna Maria** **FL** Zip Code **34214**

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

Joseph Zigulich

4/26/02
 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 **MEMBER** ☐ Delete
 NAME **Henneber Global, LLC**
 STREET ADDRESS **401634 Main Street**
 CITY-ST-ZIP **Sarasota, FL 34236**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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: *Joseph Zigulich*

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

Date

Daytime Phone #

4/26/02
941-778 7278

CR2E083 (9/01)