

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000018238**

1. Entity Name

**T.L. SERVICIOS GENERALES LLC**

Principal Place of Business

**16518 N.E. 26 AVE. #203  
NORTH MIAMI BEACH FL 33160**

Mailing Address

**16518 N.E. 26 AVE. #203  
NORTH MIAMI BEACH FL 33160**

2. Principal Place of Business

**20527 NE 9TH PLACE**

Suite, Apt. #, etc.

3. Mailing Address

**20527 NE 9TH PLACE**

Suite, Apt. #, etc.

City &amp; State

**MIAMI, FLORIDA**

Zip

**33179-1932**

Country

**USA**

City &amp; State

**MIAMI, FLORIDA**

Zip

**33179-1932**

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LUQUE VAZQUEZ, MANUEL  
16518 N.E. 26 AVE. #203  
NORTH MIAMI BEACH FL 33180**

7. Name and Address of New Registered Agent

Name **N/A**

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT MANUEL LUQUE VAZQUEZ 20527 NE. 9TH PLACE MIAMI, FL 33179-1932</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT MARGOT ISABEL LUQUE 1601 NE 191 St # B-112 MIAMI, FL 33179</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER WILKINS TOMAS LUQUE 1601 NE 191 St # B-112 MIAMI, FL 33179</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY ANTUANETTE PAOLA LUQUE 20725 NE 9TH PLACE MIAMI, FL 33179-1932</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **X**

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

**X 04-25/02 (305) 651 4581**

Date

Daytime Phone #

**FILED  
Jun 13, 2002 8:00 am  
Secretary of State**

05-08-2002 90083 009 \*\*\*\*55.00

DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)