

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90394 033 ****50.00

DOCUMENT # L01000019294

1. Entity Name

TRANSCON GRAPHICS INTERNATIONAL, L.L.C.

Principal Place of Business

**280 WESTWARD DRIVE
 MIAMI SPRINGS FL 33166**

Mailing Address

**280 WESTWARD DRIVE
 MIAMI SPRINGS FL 33166**

2. Principal Place of Business

7700 NW 37 AVE

3. Mailing Address

7700 NW 37 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1151342

Applied For

Not Applicable

Zip

33147

Country

DADE

Zip

33147

Country

DADE

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LOPEZ, GERARD F
 280 WESTWARD DRIVE
 MIAMI SPRINGS FL 33166**

7. Name and Address of New Registered Agent

Name

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

7700 NW 37 AVE

City **MIAMI**

FL

Zip Code **33147**

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

Gerard F. Lopez

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

(NOTE: Registered Agent signature required when reinstating)

4/25/02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **LOPEZ, GERARD F**
 STREET ADDRESS **280 WESTWARD DRIVE**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **MGRM** ☐ Delete
 NAME **CASTLE, ALEXANDER**
 STREET ADDRESS **280 WESTWARD DRIVE**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **MGRM** ☐ Delete
 NAME **HARDIN, CHARLES D**
 STREET ADDRESS **280 WESTWARD DRIVE**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

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 **7700 NW 37 AVE**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7700 NW 37 AVE**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **7700 NW 37 AVE**
 CITY-ST-ZIP **MIAMI FL 33147**

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:

Gerard F. Lopez

4/25/02

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

Date

Daytime Phone #

CR2E083 (9/01)