

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90058 005 ****55.00

DOCUMENT # L01000019394

1. Entity Name

TFE INTERNATIONAL LLC



Principal Place of Business

8045 SW 107TH AVE
115
MIAMI FL 33173

Mailing Address

8045 SW 107TH AVE
115
MIAMI FL 33173

2. Principal Place of Business

8045 SW 107TH AVE

Suite, Apt. #, etc.
120

3. Mailing Address

8045 SW 107TH AVE

Suite, Apt. #, etc.
120

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33173

Country

USA

Zip

33173

Country

USA

4. FEI Number

90-0009469

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAZUR, RICARDO MIGUEL
8045 SW 107TH AVE., #120
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME MAZUR, RICARDO M
STREET ADDRESS 3550 BISCAYNE BLVD. - SUITE 604
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 MGRM ☒ Change ☐ Addition
NAME MAZUR, RICARDO M
STREET ADDRESS 8045 SW 107TH AVE. #120
CITY-ST-ZIP MIAMI, FL 33173

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature]

RICARDO MIGUEL MAZUR

04/23/04

786 263 0740