2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90809 020 ****55.00

DOCUMENT # L01000019394

1. Entity Name
TFE INTERNATIONAL LLC

Principal Place of Business	Mailing Address
3550 BISCAYNE BLVD., STE. 604 MIAMI, FL 33137	3550 BISCAYNE BLVD., STE. 604 MIAMI, FL 33137

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
8045 SW 107th AVE		8045 SW 107th AVE	
Suite, Apt. #, etc.: 115		Suite, Apt. #, etc.: 115	
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., #115
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, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAZUR, RICARDO M 3550 BISCAYNE BLVD. - SUITE 604 MIAMI, FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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: RICARDO M MAZUR 03/25/03 (786)2630740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #