

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90002 045 ****50.00

DOCUMENT # L02000003390

1. Entity Name

TULI INTERNATIONAL LLC



Principal Place of Business

Mailing Address

**2301 COLLINS AVE.
APARTMENT 933A
MIAMI BEACH FL 33139**

**2301 COLLINS AVE.
APARTMENT 933A
MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

941 WASHINGTON AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI BEACH, FL

City & State

City & State

33139

Country

USA

Zip

Country

4. FEI Number

01-0596882

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**F&L CORP.
THE GREENLEAF BUILDING
200 LAURA STREET NORTH
JACKSONVILLE FL 32202**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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PRESIDENT
GASTON ROUSSELOT
2301 COLLINS AV #832
MIAMI BEACH, FL 33139

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 REQUIRED

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

2/13/03

305-496-8598

Date

Daytime Phone #

CR2E083 (10/02)