

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90021 042 \*\*\*\*50.00

**DOCUMENT # L02000011273**

1. Entity Name  
**TOYCO, L.L.C.**



Principal Place of Business

**536 BILTMORE WAY  
CORAL GABLES FL 33134**

Mailing Address

**536 BILTMORE WAY  
CORAL GABLES FL 33134**

2. Principal Place of Business

**11463 NW 34TH STREET**

3. Mailing Address

**11463 NW 34TH STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

4. FEI Number

**43-1962302**

Applied For

Not Applicable

Zip

**33178**

Country

**U.S.A**

Zip

**33178**

Country

**U.S.A**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CUEVAS, ANDREW ESQ  
CUEVAS & RUBIN, P.A.  
536 BILTMORE WAY  
CORAL GABLES FL 33134**

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

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

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MGRM</b>
STREET ADDRESS	<b>JOSE E. SIECZKA</b>
CITY-ST-ZIP	<b>11463 NW 34TH STREET MIAMI, FLORIDA 33178</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MGRM</b>
STREET ADDRESS	<b>GUSTAVO E. WEISKIND</b>
CITY-ST-ZIP	<b>11463 NW 34TH STREET MIAMI, FLORIDA 33178</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MGRM</b>
STREET ADDRESS	<b>HECTOR ARIAS</b>
CITY-ST-ZIP	<b>11463 NW 34TH STREET MIAMI, FLORIDA 33178</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MGRM</b>
STREET ADDRESS	<b>PABLO ARIAS</b>
CITY-ST-ZIP	<b>11463 NW 34TH STREET MIAMI, FLORIDA 33178</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MGRM</b>
STREET ADDRESS	<b>CRISTIAN ARIAS</b>
CITY-ST-ZIP	<b>11463 NW 34TH STREET MIAMI, FLORIDA 33178</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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] SIGNATURE REQUIRED**

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

**3/11/03 (205) 406-1352**

Date

Daytime Phone #

CR2E083 (10/02)