

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90001 038 ****50.00

DOCUMENT # L02000012963

1. Entity Name

TUCKER ENTERPRISES, L.L.C.



Principal Place of Business

**BALCARCE 2122
MARTINEZ 1640
BUENOS AIRES ARGENTINA**

Mailing Address

**BALCARCE 2122
MARTINEZ 1640
BUENOS AIRES ARGENTINA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARRERO, JOSE C ESQ.
8360 W. OAKLAND PARK BLVD.
304
FT. LAUDERDALE FL 33351**

7. Name and Address of New Registered Agent

Name

Marrero, Jose C. Esq.

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

1820 N. Corporate Lakes Blvd., # 105

City

Weston

FL

Zip Code

33326

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

2/14/03

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete

**MGRM
TUCKER, JAN
BALCARCE 2122
MARTINEZ 1640 -- ARGENTINA**

TITLE ☐ Delete

**MGRM
TUCKER, NANCY
BALCARCE 2122
MARTINEZ 1640 -- ARGENTINA**

TITLE ☐ Delete

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10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

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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 REQUIRED**

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

Date

Daytime Phone #

3/10/03 **(954) 817-1907**

CR2E083 (10/02)