

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

0012733

DOCUMENT # L02000016198

1. Entity Name

TAECA, LLC



Principal Place of Business

**1492 SOUTH MIAMI AVENUE, SUITE 203
MIAMI FL 33130**

Mailing Address

**1492 SOUTH MIAMI AVENUE, SUITE 203
MIAMI FL 33130**

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

7. Name and Address of New Registered Agent

**SIARBITORIA, INAKI P.A.
1492 SOUTH MIAMI AVENUE, SUITE 203
MIAMI FL 33130**

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
**MGR
CIANCAGLINI, JOSE ANTONIO
1492 SOUTH MIAMI AVENUE, SUITE 203
MIAMI FL 33130**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 PRESIDENT

7/24/03 305-530-0007

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

Date

Daytime Phone #

CP2F083 (10/02)

Attachment



Absolute Title Company

90148460
L02000016198

JULY 30, 2003

UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS
P.O. BOX 6478
TALLAHASSEE, FLORIDA 32314-6478

ENCLOSED. PLEASE FIND OUR CHECK IN THE AMOUNT OF \$50.00
FOR THIS REPORT.

ANNE D. THAYER
POST CLOSING DEPT.

ENCL.
ADT

Broward: (954) 755-5110

Fax: (954) 755-5803

1515 University Drive, Suite 102, Coral Springs, Florida 33071