

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90024 027 *****50.00

DOCUMENT # L96000000698

1. Entity Name

TEC PROPERTIES L.C.

Principal Place of Business

**250 CATALONIA AVENUE STE 305
CORAL GABLES FL 33134**

Mailing Address

**250 CATALONIA AVENUE STE 305
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0707737**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CHIALASTRI, THOMAS
250 CATALONIA AVENUE STE 305
CORAL GABLES FL 33134**

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.

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 Department of State
Due By May 1, 2002**

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 type="checkbox"/> Addition
MGRM CHIALASTRI, CARLOS 250 CATALONIA AVENUE STE 305 CORAL GABLES FL 33134			
MGRM CHIALASTRI, THOMAS 250 CATALONIA AVENUE STE 305 CORAL GABLES FL 33134			

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: THOMAS CHIALASTRI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**4/8/02**
Date**305-441-0040**
Daytime Phone #

CR2E083 (9/01)