

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000987

1. Entity Name

TIREM, L.L.C.

FILED

01 MAY -4 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1350 E. NEWPORT CENTER, SUITE 206
DEERFIELD BEACH FL 33442

P.O. BOX 4219
DEERFIELD BEACH FL 33442-4219



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

65-0706079

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

KAY, JAMES R
777 S. FLAGLER DR., SUITE 900
WEST PALM BEACH FL 33401

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR
REIBLING, LORENZ
STREET ADDRESS 1350 E. NEWPORT CENTER, SUITE 206
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE NAME ☐ Change ☐ Addition
MGR
KASSOF, LINDA
STREET ADDRESS 1350 E NEWPORT CENTER DR, STE 206
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE NAME ☐ Delete
MGR
REIBLING, GUENTHER
STREET ADDRESS 1350 E. NEWPORT CENTER, SUITE 206
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP DEERFIELD BEACH, FL 33442

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

Date

Daytime Phone #

4/30/01

954-428-4528