

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000877

1. Entity Name

TMG INTERNATIONAL, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 10 AM 10:02

Principal Place of Business

3700 W. LAKE HAMILTON DR.  
WINTER HAVEN FL 33881

Mailing Address

3700 W. LAKE HAMILTON DR.  
WINTER HAVEN FL 33881

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

59-3466224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLATI, VINCE

3700 W. LAKE HAMILTON DR.  
WINTER HAVEN FL 33881

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

Larry Plati - Manager

8-4-00

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PLATI, VINCE  
3700 W. LAKE HAMILTON DR.  
WINTER HAVEN FL 33881 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200003359442--3  
-08/16/00--01048--029  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PLATI, LARRY  
3700 W. LAKE HAMILTON DR.  
WINTER HAVEN FL 33881 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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 OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)