

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001074

1. Entity Name

TGF MIAMI LC

APPROVED
AND
FILED
00 APR 28 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0002636 AF

Principal Place of Business

1221 BRICKELL AVENUE STE #1100
MIAMI FL 33131

Mailing Address

1221 BRICKELL AVENUE STE #1100
MIAMI FL 33131-3258



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MIAMI

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0786511

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

AGRAMUNT, LUIS

1221 BRICKELL AVENUE., STE STE #1100
MIAMI FL 33131

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 MEM
STREET ADDRESS RAURELL, JOSE CORNET
CITY- ST- ZIP 1221 BRICKELL AVE., #1100
MIAMI FL 33131 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300003249793--2
CITY- ST- ZIP -05/12/00-01016--012
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME MEM
STREET ADDRESS GARCIA, PEDRO POZO
CITY- ST- ZIP 1221 BRICKELL AVE., #1100
MIAMI FL 33131 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

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 F

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)