

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90058 031 ****50.00

DOCUMENT # L98000000631

1. Entity Name

TATA INTERNATIONAL, L.C.

Principal Place of Business

**16500 NW 2ND AVENUE
 NORTH MIAMI FL 33169**

Mailing Address

**16500 NW 2ND AVENUE
 NORTH MIAMI FL 33169**

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

65-0951609

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

**MUGHAR, TERRY
 16500 NW 2ND AVENUE
 NORTH MIAMI FL 33169**

Name

JERRY SINGH

Street Address (P.O. Box Number is Not Acceptable)

18441 NW 2nd Avenue #101

City

Miami

FL

Zip Code
33169

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

**JERRY SINGH, President
 TERRY MUGHAR**

01-29-02

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 **MGRM** ☐ Delete
 NAME **MUGHAR, TERRY**
 STREET ADDRESS **16500 N.W. 2ND AVE.**
 CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE **President** ☐ Change ☒ Addition
 NAME **Jerry Singh**
 STREET ADDRESS **18441 NW 2nd Avenue #101**
 CITY-ST-ZIP **Miami, FL 33169**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

JERRY SINGH

01-29-02

(305) 945-2621

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

Date

Daytime Phone #

CR2E083 (9/01)