

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 21 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L98000000859**

1. Entity Name

TCB OF AMERICA, L.C.

Principal Place of Business

419A ESPANOLA WAY
MIAMI BEACH FL 33139

Mailing Address

2000 ISLAND BOULEVARD
WILLIAMS ISLAND #2807
AVENTURA FL 33160-4957

2. Principal Place of Business

2000 Island Blvd.

3. Mailing Address

Suite, Apt. #, etc.

2807

City & State
Aventura, FL

City & State

Zip
FL 33160

Country

Zip

Country

4. FEI Number

65-0847154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUR, THOMAS
BAUR, WOODBRIDGE, REUS & KLEIN, P.A.
100 NORTH BISCAYNE BLVD. 21ST FLOOR
MIAMI FL 33132

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
EGNER, FRITZ
2000 WILLIAMS ISLAND BLVD., UNIT #2807
AVENTURA FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ELFERING, GERT
1839 W. 24TH STREET
MIAMI BEACH FL 33140 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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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

REQUIRED

Date

Daytime Phone #

06/16/00

305-932-2739