

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000001114

1. Entity Name
THOMPSON STATION ENTERPRISES, L.L.C.

00 JUN -5 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
200 SOUTH BISCAYNE BLVD., SUITE 4750
MIAMI FL 33131

Mailing Address
200 SOUTH BISCAYNE BLVD., SUITE 4750
MIAMI FL 33131-2303

2. Principal Place of Business
201 South Biscayne Blvd

3. Mailing Address
201 South Biscayne Blvd.

Suite, Apt. #, etc.
30th FL

Suite, Apt. #, etc.
30th FL

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33131

Country
USA

Zip
33131

Country
USA

FEI Number
65-0897927

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SOUTH FLORIDA RESIDENT AGENTS, INC.
200 SOUTH BISCAYNE BLVD., SUITE 4750
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name B&C CORPORATE SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable)
201 S. BISCAYNE BOULEVARD, 30TH FLOOR
City MIAMI FL 33131

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 Armando Salgado Vice President 04/25/00
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/MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM HERON, LEON C JR. 1000 THOMPSON STATION ROAD WEST Po Box 241 THOMPSON STATION TN 37179	<input type="checkbox"/>
MGRM HERON, CYNTHIA LEE 1000 THOMPSON STATION ROAD WEST Po Box 241 THOMPSON STATION TN 37179	<input type="checkbox"/>
 	<input type="checkbox"/>
 	<input type="checkbox"/>
 	<input type="checkbox"/>
 	<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
200003342952--1 -08/02/00--01003--003 *****50.00 *****50.00	<input type="checkbox"/>
 	<input type="checkbox"/>
 	<input type="checkbox"/>
 	<input type="checkbox"/>
 	<input type="checkbox"/>

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: Leon C. Heron Jr. 04/25/00 615-595-5877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

0002611

CR2E083 (9/99)