

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002598

1. Entity Name  
TEKNIKUS, LLC

FILED

00 FEB -3 PM 4: 13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4209 MONROE STREET  
HOLLYWOOD FL 33021

Mailing Address

4209 MONROE STREET  
HOLLYWOOD FL 33021-7344

2. Principal Place of Business

1000 PARKVIEW DRIVE

3. Mailing Address

1000 PARKVIEW DRIVE

Suite, Apt. #, etc.

214

Suite, Apt. #, etc.

214

City & State

HALLANDALE FLORIDA

City & State

HALLANDALE - FLORIDA

Zip

33009

Country

Broward

Zip

33009

Country

Broward

4. FEI Number

65-0917826

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

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

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 MGR ☐ Delete  
GULINO, AMPARO  
STREET ADDRESS 4209 MONROE STREET  
CITY - ST - ZIP HOLLYWOOD FL 33021

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE NAME 7000031244 ☐ Change ☐ Addition  
STREET ADDRESS -02/04/00--01081--020  
CITY - ST - ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

01-31-00

954-457-4651

CR2E083 (9/99)