

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99/3204

1. Entity Name

Tonal Power, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 13 PM 1:25

[Signature]

Principal Place of Business

11801 NW 100 Rd, Suite 1
Medley, Florida 33178

Mailing Address

11801 NW 100 Rd, Suite 1
Medley, FL 33178

2. Principal Place of Business

11801 NW Rd, Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

Medley, FL

Zip

33178

Country

Miami-Dade

3. Mailing Address

11801 NW Rd

Suite, Apt. #, etc.

Suite 1

City & State

Medley, FL

Zip

33178

Country

Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0925807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Natalia Litara
343. Almeria Avenue
Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name

Andrew Cuevas Esq.

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

Cuevas & Rubin, P.A.

9200 S. Dadeland Blvd, Suite 603

City

Miami

FL

Zip Code

33156

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: Andrew Cuevas]

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

500003326955-1

-07/18/00-01086-003

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	Manager/member	<input type="checkbox"/> Delete
NAME	Luis Fernando Ventura Quintero	
STREET ADDRESS	11801 NW Rd, Suite 1	
CITY-ST-ZIP	Medley, FL 33178	
TITLE	Manager/member	<input type="checkbox"/> Delete
NAME	Jaime Jose Ventura Quintero	
STREET ADDRESS	11801 NW Rd, Suite 1	
CITY-ST-ZIP	Medley, FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

Date

Daytime Phone #

07/10/00

CR2E083 (1/199)