

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004003

1. Entity Name
TECNO L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 PM 12:52

Principal Place of Business

1750 NW 96TH AVENUE
MIAMI FL 33172

Mailing Address

1750 NW 96TH AVENUE
MIAMI FL 33166-6701



2. Principal Place of Business

7003 N. WATERWAY DRIVE

3. Mailing Address

7003 N. WATERWAY DRIVE

Suite, Apt. #, etc.

SUITE 210

Suite, Apt. #, etc.

SUITE 210

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33155

Country

U.S

Zip

33155

Country

U.S

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0934784

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

JARAMILLO, EDGARDO T

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

7003 N. WATERWAY DRIVE

SUITE 210

City

MIAMI,

FL

Zip Code

33155

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

EDGARDO T. JARAMILLO

2/16/2000

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

mf 3/2/00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME JARAMILLO, EDGARDO T
STREET ADDRESS 1750 NW 96TH AVENUE
CITY- ST- ZIP MIAMI FL 33172 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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TITLE
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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
200003161952--9
-03/08/00--01010--010
*****55.00 *****55.00

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ 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)(l), 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 EDGARDO T. JARAMILLO

Date

Daytime Phone #

CR2E083 (9/99)