

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009885 AF

DOCUMENT # L99000004003

1. Entity Name  
TECNO L.L.C.

FILED

01 JUN 25 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
7003 N. WATER WAY DRIVE, STE. 210  
MIAMI FL 33155

Mailing Address  
7003 N. WATER WAY DRIVE, STE. 210  
MIAMI FL 33155

2. Principal Place of Business  
733 SANTANDER AVE  
Suite, Apt. #, etc.

3. Mailing Address  
733 SANTANDER AVE  
Suite, Apt. #, etc.

City & State  
CORAL GABLES, FLORIDA

City & State  
CORAL GABLES, FLORIDA

Zip  
33134

Country  
U.S.A.

Zip  
33134

Country  
U.S.A.

4. FEI Number  
65-0934784

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
JARAMILLO, EDGARDO T  
7003 N. WATER WAY DRIVE, STE. 210  
MIAMI FL 33155

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: EDGARDO JARAMILLO  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
DATE: 6/10/2001

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

300004463273--2  
-07/09/01--01007--031  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JARAMILLO, EDGARDO T 1750 NW 96TH AVENUE MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: EDGARDO JARAMILLO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
Date: 6/10/2001  
Daytime Phone #: 305-5108532

CR2E083 (11/00)