

# 2001 UNIFORM BUSINESS REPORT (UBR)

00098985 AF

**DOCUMENT #** L99000004003  
**1. Entity Name**  
 TECNO L.L.C.

**FILED**  
 01 JUN 25 AM 8:47  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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



**2. Principal Place of Business**      **3. Mailing Address**  
 733 SANTANDER AVE      733 SANTANDER AVE  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**      **City & State**  
 CORAL GABLES, FLORIDA      CORAL GABLES, FLORIDA  
**Zip**      **Country**      **Zip**      **Country**  
 33134      U.S.A      33134      U.S.A.

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

**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	<input type="checkbox"/> Delete
MGR	JARAMILLO, EDGARDO T	1750 NW 96TH AVENUE	MIAMI FL 33172	<input type="checkbox"/>
				<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
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<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:** EDGARDO JARAMILLO      DATE: 6/10/2001      305-5108532  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (11/00)