2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004581

1. Entity Name
INVERSIONES TOCOROMA, L.C.

FILED
00 JAN 20 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O JAVIER JOSE CONTRERAS 290 NW 165TH STREET. PLAZA 100 MIAMI FL 33169	C/O JAVIER JOSE CONTRERAS 290 NW 165TH STREET. PLAZA 100 MIAMI FL 33169-6457

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
13903 N.W. 67 Ave.		13903 N.W. 67 Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
350		350	
City & State		City & State	
Hialeah, Florida		Hialeah, Florida	
Zip	Country	Zip	Country
33014	U.S.	33014	U.S.

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FELDENKRAIS, MICHAEL ESQ.
FELDENKRAIS & ASSOCIATES, P.A.
290 NW 165TH STREET, PLAZA 100
MIAMI FL 33169

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.

100003112331--7
-01/27/00--01018--003
*****50.00 *****50.00

SIGNATURE _____ DATE
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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONTRERAS, JAVIER JOSE 290 NW 165 STREET MIAMI FL 33169 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Jose Javier Contreras 13903 N.W. 67 Ave. Suite 350 Hialeah, Florida 33014 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Sara Lucia Contreras 13903 N.W. 67 Ave. Suite 350 Hialeah, Fl 33014 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Maria Gilma Granados De Contreras 13903 N.W. 67 Ave. suite350, Hia leah, Fl 33014 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member/Adriana M. Contreras 13903 N.W. 67 Ave. Suite 350 Hialeah, FL 33014 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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)(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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #