

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0003167 AF

DOCUMENT # L99000005186

1. Entity Name

TRADEPORT ONE PARTNERS, L.L.C.

00 APR -3 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ny 4/18

Principal Place of Business

2911 GRAND AVENUE, SUITE 4A
COCONUT GROVE FL 33133

Mailing Address

2911 GRAND AVENUE, SUITE 4A
COCONUT GROVE FL 33133-6029



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

57-1083214

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, LINCOLN
2911 GRAND AVENUE, SUITE 4A
COCONUT GROVE FL 33133

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

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME ☐ Delete
MGR
ULRICH KOKER CORPORATION
STREET ADDRESS 5352 FISHER ISLAND DRIVE
CITY- ST- ZIP FISHER ISLAND, MIAMI FL 33109

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Change ☐ Addition
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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3-24-00 305 46-1944

CR2E083 (9/99)