## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 08, 2000 08:00 AM DOCUMENT # L9900008059 1. Entity Name **Secretary of State** TEKXIM, LLC Principal Place of Business Mailing Address 1509 NORTHWEST 82 AVENUE 1509 NORTHWEST 82 AVENUE FL FL MIAMI 33126 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0962659 Not Applicable Zip Country Ζip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL. 33134 US 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. 02/08/2000 SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 9. 10. ADDITIONS/CHANGES TITLE MGR Delete TITLE ☐ Change X Addition NAME FAERMAN WALTER STREET ADDRESS STREET ADDRESS 1509 NW 82 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL33126 Delete TITLE MGR TITLE ☐ Change X Addition NAME BUTTERS NAME RICHARD STREET ADDRESS STREET ADDRESS 1509 NW 82 AVE CITY-ST-ZIP CITY-ST-ZIP $\mathbf{FL}$ 33126 MIAMI TIT! F MGR ☐ Delete TITLE ☐ Change X Addition NAME NAME NOALES GONZALO STREET ADDRESS STREET ADDRESS 1509 NW 82 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL33126 TALE ☐ Delete TITLE Change X Addition NAME DELL'OCA MARTIN NAME STREET ADDRESS STREET ADDRESS 1509 NW 82 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI 33126 TITLE MGR ☐ Delete TITLE MGR X Change ☐ Addition DILLON DILLON ENRIQUE NAME ENRIQUE NAME 1509 NW 82 AVE 1509 NORTHWEST 82 AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33126 MIAMI 33126 CITY-ST-ZIP CITY-ST-ZIP FT. ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

<sup>11.</sup> 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.