

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED *5/5*
AND
FILED *5/5*

DOCUMENT # **Z00512**

1. Entity Name
METEC ASSET MANAGEMENT, L.C.

00 MAY -1 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1000 BRICKELL AVE., STE 450
MIAMI FL 33131

Mailing Address

1000 BRICKELL AVE., STE 450
MIAMI FL 33145-2657



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2100 CORAL WAY
Suite, Apt. #, etc. **300**

3. Mailing Address

2100 CORAL WAY
Suite, Apt. #, etc. **300**

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

Country

33145

DADE

Zip

Country

33145

DADE

4. FEI Number

65-0349585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORANO, ARTHUR J
1000 BRICKELL AVE., STE 450
MIAMI FL 33131

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

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

900003264059--2
-05/23/00--01108--008
*******55.00 *****55.00**

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **METEC ASSET MANAGEMENT, INC.**
CITY-ST-ZIP **1000 BRICKELL AVE. STE. 450**
MIAMI FL 33131

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **TORANO, ERIC J**
CITY-ST-ZIP **1000 BRICKELL AVE., STE 450**
MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2100 CORAL WAY STE 300**
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2100 CORAL WAY, STE 300**
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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

4-22-00

Date

305-860-9700

Daytime Phone #

CR2En83 (9/99)