

2001 UNIFORM BUSINESS REPORT (UBR)

0006586
AF

DOCUMENT # **Z00512**

1. Entity Name

METEC ASSET MANAGEMENT, L.C.

FILED

01 FEB -7 AM 8:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**2100 CORAL WAY, SUITE 300
MIAMI FL 33145**

**2100 CORAL WAY, SUITE 300
MIAMI FL 33145**

2. Principal Place of Business

3. Mailing Address

**2100 Coral Way
Suite, Apt. #, etc.
300**

**2100 Coral Way
Suite, Apt. #, etc.
300**

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33145

DADE

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

7. Name and Address of New Registered Agent

TORANO, ARTHUR J

**4000 BRICKELL AVE, STE 450
MIAMI FL 33131**

**2100 Coral Way #300
MIAMI FL 33145**

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 ☐ Delete
NAME **MGRM**
STREET ADDRESS **METEC ASSET MANAGEMENT, INC.**
CITY-ST-ZIP **2100 CORAL WAY, SUITE 300
MIAMI FL 33145**

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

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **TORANO, ERIC J**
CITY-ST-ZIP **2100 CORAL WAY, SUITE 300
MIAMI FL 33145**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

305-860-9700

CR2E083 (11/00)