

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014922

1. Entity Name

MG-TECH L.L.C.

FILED *UR 3/2*
 01 FEB 27 AM 11:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: 1751 SW 116 WAY, MIRAMAN FL (33025)
 Mailing Address: 1751 SW 116 WAY, MIRAMAN FL 33025

2. Principal Place of Business: 1751 SW 116 WAY
 3. Mailing Address: 1751 116 WAY

DO NOT WRITE IN THIS SPACE

City & State: MIRAMAN FL
 City & State: MIRAMAN FL
 4. FEI Number: 65-1062197
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 DANIEL GUSTAVO BLEIZER
 1751 SW 116 WAY
 MIRAMAN FL (33025)

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: _____ (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: MANAGING MEMBER <input type="checkbox"/> Delete NAME: DANIEL GUSTAVO BLEIZER STREET ADDRESS: 1751 SW 116 WAY CITY-ST-ZIP: MIRAMAN FL 33025		TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: MANAGING MEMBER <input type="checkbox"/> Delete NAME: TARAGUI TRADING, INC STREET ADDRESS: 4510 NW 79 AV #1C CITY-ST-ZIP: MIAMI FL (33106)		TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	500003802335-9 -03/06/01--01072--006 *****50.00 *****50.00
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> 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]* 02/20/01 (954) 392-0799
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)