

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90584 028 *****50.00

DOCUMENT # L01000009632

1. Entity Name
SAPHIAN TECHNOLOGIES, LLC



Principal Place of Business
**7105 SW 8 ST
208
MIAMI FL 33144**

Mailing Address
**P.O. BOX 830471
MIAMI FL 33283**

2. Principal Place of Business

410 W 30 PL

3. Mailing Address

P.O. BOX 830471

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

MIAMI FL

Zip

33012

Country

Zip

33283

Country

4. FEI Number **65-1118113**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SAFONTS, LUIS MIGUEL
7105 SW 8 ST
SUITE 208
MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name **LUIS MIGUEL SAFONTS**
Street Address (P.O. Box Number is Not Acceptable)
410 W 30 PL
City **HIALEAH** FL Zip Code **33012**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Luis Miguel Safonts**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

04/25/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **LUIS MIGUEL SAFONTS**
STREET ADDRESS **7105 SW 8 ST # 208**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **LUIS MIGUEL SAFONTS**
STREET ADDRESS **410 W 30 PL -**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE **MGRM** ☐ Change ☒ Addition
NAME **MARITZA C. SAFONTS**
STREET ADDRESS **410 W 30 PL - HIALEAH -**
CITY-ST-ZIP **FL 33012**

TITLE **MGRM** ☐ Change ☒ Addition
NAME **ISABEL ARCE**
STREET ADDRESS **410 W 30 PL - HIALEAH**
CITY-ST-ZIP **FL 33012**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Luis Miguel Safonts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/28/03

Day

Daytime Phone #

CR2E083 (10/02)

0055164