

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L00000011204**

1. Entity Name

CENTERTECH, L.L.C.

Principal Place of Business

**8180 NW 36 STREET #100
MIAMI FL 33166**

Mailing Address

**8180 NW 36 STREET #100
MIAMI FL 33166**

2. Principal Place of Business

8356 NW 30TH TERRACE

Suite, Apt. #, etc.

3. Mailing Address

8356 NW 30TH TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33122

Country

USA

Zip

33122

Country

USA

4. FEI Number

65-1048056

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**ROBLEDO, ANTHONY
8180 NW 36 STREET #100
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name **Jordan Radial & Company, PA**

Street Address (P.O. Box Number is Not Acceptable)

999 Ponce de Leon Blvd. Suite 715City **Coral Gables - Miami-****FL**Zip Code
33134

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERREIRA, RENATO 8180 NW 36 ST #100 MIAMI FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FERREIRA, RENATO 8356 NW 30TH TERRACE MIAMI, FLORIDA 33122	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 partnership or the trust authorized to execute this report as required by Chapter 689, Florida Statutes]

FILED
Apr 09, 2002 8:00 am
Secretary of State

02-18-2002 90184 021 ****50.00

22455



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)