

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 23, 2003 8:00 am
Secretary of State

09-23-2003 90023 042 ****50.00

DOCUMENT # L00000004020

1. Entity Name

LATINTECH USA, LLC



Principal Place of Business

Mailing Address

**19451 SHERIDAN STREET # 347
PEMBROKE PINES FL 33332**

**19451 SHERIDAN STREET # 347
PEMBROKE PINES FL 33332**

2. Principal Place of Business

17150 ARVIDA PARKWAY

3. Mailing Address

17150 ARVIDA PARKWAY

Suite, Apt. #, etc.

SUITE # 4

Suite, Apt. #, etc.

SUITE # 4

City & State

WESTON, FLORIDA

City & State

WESTON, FLORIDA

Zip

33326

Country

USA

Zip

33326

Country

USA

4. FEI Number

65-0999544

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

**AGUILAR, LUIS
4299 LAUREL RIDGE CIR.
WESTON FL 33331**

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

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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
AGUILAR, LUIS
4299 LAUREL RIDGE CIR.
WESTON FL 33331**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED
AGUILAR

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

09/22/03 (954) 667.1840

Date Daytime Phone #

CR2E083 (4/03)