2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004486

1. Entity Name

TIMENT TECHNOLOGIES, LLC.

FILED

Apr 28, 2001 08:00 AM

Secretary of State

Principal Place of Business	Mailing Address
16169 BISCAYNE BLVD, #177	16169 BISCAYNE BLVD, #177
NORTH MIAMI FL	NORTH MIAMI FL
33160	33160

2. Principal Place of Business	3. Mailing Address	
12864 BISCAYNE BLVD	12864 BISCAYNE BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
#199	#199	

City & State		City & State		4. FEI Number		Applied For
NORTH MIAMI	FL	NORTH MIAMI	FL	**65-1001123**		Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required
33181		33181			

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SABCIYAN TANIYEL	Name SABCIYAN TANIYEL
1830 N.E. 142ND STREET, APT 7H	Street Address (P.O. Box Number is Not Acceptable) 1450 NE 170TH ST
NORTH MIAMI FL	APT 202
33181 US	City NORTH MIAMI BEACH FL Zip Code 33162

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 _____   **04/28/2001**

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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGR NAME SABCIYAN TANIYEL STREET ADDRESS 1450 NE 170TH ST APT202 CITY-ST-ZIP NORTH MIAMI BEACH FL 33162	☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E083 (11/00)

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: _TANIYEL SABCIYAN_ ....   MGR   04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #