

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 10, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000010227**1. Entity Name
HYC SERVICES, LLC

Principal Place of Business 6786 BROOKLINE DRIVE MIAMI FL 33015	Mailing Address 6786 BROOKLINE DRIVE MIAMI FL 33015
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2. Principal Place of Business 6786 BROOKLINE DRIVE Suite, Apt. #, etc.	3. Mailing Address 6786 BROOKLINE DRIVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIAMI FL	City & State MIAMI FL
Zip 33015	Country US

4. FEI Number 65-1038152	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CELOGE HENRY 6786 BROOKLINE DRIVE MIAMI FL 33015	7. Name and Address of New Registered Agent <table border="1"><tr><td>Name CELOGE HENRY MGR</td></tr><tr><td>Street Address (P.O. Box Number is Not Acceptable) 6786 BROOKLINE DRIVE</td></tr><tr><td>City MIAMI, LAKES FL</td></tr><tr><td>Zip Code 33015</td></tr></table>	Name CELOGE HENRY MGR	Street Address (P.O. Box Number is Not Acceptable) 6786 BROOKLINE DRIVE	City MIAMI, LAKES FL	Zip Code 33015
Name CELOGE HENRY MGR					
Street Address (P.O. Box Number is Not Acceptable) 6786 BROOKLINE DRIVE					
City MIAMI, LAKES FL					
Zip Code 33015					

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 **HENRY CELOGE****05/10/2001**

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUZMAN FERNANDO MGR 18906 NW 57 TH AVE APT 102-13 MIAMI FL 33015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CELOGE HENRY MGR 6786 BROOKLINE DRIVE MIAMI FL 33015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: HENRY CELOGE, FERNANDO GUZMAN**MGR****05/10/2001**

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

Date

Daytime Phone #

CR2E083 (11/00)