

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90256 026 ****50.00

DOCUMENT # L00000013447

1. Entity Name

TECHTEL - TELECOMMUNICATION TECHNOLOGY,
LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1101 BRICKELL AVE.

Suite, Apt. #, etc.

800 NORTH

City & State

Miami, FL 33131

Zip

33131

Country

USA

3. Mailing Address

101 PL. CHARLES LEMOYNE

Suite, Apt. #, etc.

A1404

City & State

LONGUEUIL, QUEBEC

Zip

J4K 2T3

Country

CANADA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

HANLEY, STEPHEN

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

14011 SW 84TH STREET

City

MIAMI

FL

Zip Code
33183

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWARD BLACK, LLC 1101 BRICKELL AVE., SUITE 800 NORTH MIAMI, FL. 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAICEDO ROBERTO 1101 BRICKELL AVE., SUITE 800 NORTH MIAMI, FL. 33131
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IN THIS SPACE**

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

APRIL 30, 2002 (450) 651-0068

Date

Daytime Phone #

CR2E083B (12/01)

Attachment 960527 #2000000
1344

Form **SS-4**

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested TECHTEL - TELECOMMUNICATION TECHNOLOGY LLC	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a Mailing address (room, apt., suite no. and street, or P.O. box) 14011 SW 84 STREET	5a Street address (if different) (Do not enter a P.O. box.) 1101 BRICKELL AVE. SUITE 800 NORTH
4b City, state, and ZIP code MIAMI, FLORIDA 33183	5b City, state, and ZIP code MIAMI, FL. 33131
6 County and state where principal business is located BROWARD COUNTY, FL.	
7a Name of principal officer, general partner, grantor, owner, or trustor HOWARD BLACK LLC	7b SSN, ITIN, or EIN 650946777

8a Type of entity (check only one box)

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (SSN of grantor)
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> National Guard
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> State/local government
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> REMIC
	<input type="checkbox"/> Indian tribal governments/enterprises
	Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
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9 Reason for applying (check only one box)

<input checked="" type="checkbox"/> Started new business (specify type) ▶ IMPORT EXPORT BUSINESS	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)
11/02/2000

11 Closing month of accounting year
DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-."

Agricultural	Household	Other
0	0	0

14 Check one box that best describes the principal activity of your business.

<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input checked="" type="checkbox"/> Wholesale-other
			<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
MEN'S CLOTHING

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **STEPHEN HANLEY PRESIDENT**

Signature ▶ *[Signature]* Date ▶ **APR. 30, 2002**

Applicant's telephone number (include area code) ()
Applicant's fax number (include area code) ()