

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90085 046 *****50.00

DOCUMENT # L00000013922

1. Entity Name
SOETEC, L.L.C.

Principal Place of Business
ONE S.E. THIRD AVENUE, 28TH FLOOR
MIAMI FL 33131

Mailing Address
ONE S.E. THIRD AVENUE, 28TH FLOOR
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
782 NW 42 AVE

3. Mailing Address
782 NW 42 AVE

Suite, Apt. #, etc.
SUITE 340

Suite, Apt. #, etc.
SUITE 340

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-1094567

Applied For
 Not Applicable

Zip
33126

Country

Zip
33126

Country
USA

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

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE, 28TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **Armando Rivero**
 Street Address (P.O. Box Number is Not Acceptable)
782 NW 42 AVE suite 342
MIAMI FL
 City **MIAMI** State **FL** Zip Code **33126**

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

Armando Rivero
 (NOTE: Registered Agent signature required when reinstating)

4/24/02
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **JOSE NICOLAS PAREDES**
 STREET ADDRESS **ONE S.E. THIRD AVENUE, 28TH FLOOR**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition
 NAME **Armando Rivero**
 STREET ADDRESS **782 NW 42 AVE suite 342**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

4/24/02

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

Date

Daytime Phone #

CR2E083 (9/01)