

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015076

1. Entity Name

PC & TECH USA, L.L.C.

Principal Place of Business

Mailing Address

1317 SW 154TH AVENUE.
FT. LAUDERDALE, FL 33326

2. Principal Place of Business

3. Mailing Address

1317 SW 154TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33326

USA

4. FEI Number

65-1059897

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELDENKRAIS & ASSOCIATES, P.A.
c/o: MICHAEL FELDENKRAIS, Esq.
290 NW 165TH STREET
SUITE PLAZA 100
MIAMI, FL 33169

JE DYANCE & ASSOCIATES, P.A.
c/o: JORGE E DYANCE
194 SW 12TH AVENUE, STE 11
MIAMI, FL 33130

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.

(NOTE: Registered Agent Signature required when reinstating)

DATE

c/o: JORGE E DYANCE

3/13/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MANAGER**
NAME **LUIS L ECHEVERRY**
STREET ADDRESS **1317 SW 154TH AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TMP**
NAME **LUIS M. MONTAÑEZ**
STREET ADDRESS **1317 SW 154TH AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TMP**
NAME **LUIS A. MONTAÑEZ**
STREET ADDRESS **1317 SW 154TH AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

3/13/01 954-392-6985

CR2E083 (11/00)