

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90152 013 \*\*\*\*50.00

<b>DOCUMENT #</b> L00000015076	
<b>1. Entity Name</b>	
PC & TECH USA, L.L.C.	

**DO NOT WRITE IN THIS SPACE**

24064565

<b>2. Principal Place of Business</b> % 199 SW 12TH AVENUE, SUITE 11 Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.	
<b>City &amp; State</b> MIAMI, FL		<b>City &amp; State</b>	
<b>Zip</b> 33130	<b>Country</b>	<b>Zip</b>	<b>Country</b>

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-1059897		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b>	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
	<b>City</b>	<b>Zip Code</b>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

<b>10. OFFICERS AND DIRECTORS</b>				<b>11.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECHEVERRI, LUIS L 199 SW 12TH AVENUE MIAMI-FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECHEVERRI, GUSTAVO A 199 SW 12TH AVENUE MIAMI-FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>	
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2004

Date

305-324-2248

Daytime Phone #