

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90274 010 ****50.00

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

DOCUMENT # L00000015076 **YEAR-2003**

1. Entity Name

PC & TECH USA., L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
% 199 SW 12TH AVENUE, SUITE 11
Suite, Apt. #, etc

City & State

MIAMI, FL

Zip

33130

Country

USA

3. Mailing Address
C/O 199 SW 12TH AVENUE
Suite, Apt. #, etc

SUITE # 11

City & State

MIAMI-FLORIDA

Zip

33130-1056

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1059897

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name
JORGE E OYARCE

Street Address (P.O. Box Number is Not Acceptable)
JE OYARCE & ASSOCIATES, ACCTG. OFFICES

199 SW 12TH AVENUE, SUITE # 11

City

MIAMI

FL

Zip Code

33130-1056

**DO NOT WRITE
IN THIS SPACE**

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

JORGE E OYARCE

4/28/2003

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
ECHEVERRY, LUIS L
% 199 SW 12TH AVENUE, SUITE # 11
MIAMI-FLORIDA 33130-1056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ECHEVERRY-HERNANDEZ, GUSTAVO A
% 199 SW 12TH AVENUE, SUITE # 11
MIAMI-FLORIDA 33130-1056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

ACCIG.

4/28/2003

3053242248

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

Date

Daytime Phone #

CR2E083B (12/02)