

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

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

05-13-2002 90256 021 ****55.00

DOCUMENT # L000000016127

1. Entity Name

2K TECH USA, LLC

DO NOT WRITE IN THIS SPACE

960532

2. Principal Place of Business

8405 NW 53RD ST.

3. Mailing Address

8405 NW 53RD ST

Suite, Apt. #, etc.

SUITE A-112

Suite, Apt. #, etc.

SUITE A-112

City & State

MIAMI, FLORIDA.

City & State

MIAMI, FLORIDA

4. FEI Number

65-1066213

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

33166

Country

U.S.A.

Zip

33166

Country

USA

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANGEL PACHECO

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

1551 SW 1ST AVENUE.

City

BOCA RATON

FL

Zip Code

33432.

**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.

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
M
ERICK PACHECO
10855 NW 50TH ST. #106
MIAMI FL 33178

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

ANGEL PACHECO

04/19/2002

305 594 9244

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

Date

Daytime Phone #

CR2E083B (12/01)

**DO NOT WRITE
IN THIS SPACE**