

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

0006432

**DOCUMENT # L01000001241**

1. Entity Name  
**CALTAK USA LLC**

04-03-2002 90014 037 \*\*\*\*50.00

Principal Place of Business      Mailing Address  
**1101 BRICKELL AVENUE, SUITE 1400**      **1101 BRICKELL AVENUE, SUITE 1400**  
**MIAMI FL 33131**      **MIAMI FL 33131**

2. Principal Place of Business      3. Mailing Address  
**8300 S.W. 8th Street**      **8300 S.W. 8th Street**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 304**      **Suite 304**

City & State      City & State  
**Miami, Florida**      **Miami, Florida**  
 Zip      Country  
**33144**      **USA**      **33144**      **USA**

4. FEI Number      Applied For  
**65-1078931**      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  
**ORDOQUI, CARLOS**  
**15552 S.W. 55 TERRACE**  
**MIAMI FL 33185**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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

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

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	ORDOQUI, CARLOS	15552 S.W. 55 TERRACE	MIAMI FL 33185	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* **SIGNATURE REQUIRED** Carlos Ordoqui  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E083 (9/01)