FILED May 22, 2002 8:00 am s Secretary of State 05-22-2002 90215 018 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100003923

FIRST TECHNOLOGY LLC

Principal Place of Business

Mailing Address

MIAMI FL 33178		9572 N.W. 41 STREET MIAMI FL 33178							
		3. Mailing Address	<u></u>						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1 8 9 1 8 5		IIII BUIII BUIII BU BITE IN THIS S		11000 11 <u>41 140</u> 1
City & State		City & State		4. 1	FEI Numbe	 er			pplied For
Zip Country		7:		(05-	10853		N	lot Applicable
ΖIÞ	Country	Zip	Country	5. (Certificate	of Status Desired		\$5.00 Ad Fee Require	
	6. Name and Address of Currer	nt Registered Agent			Name and	Address of New		•	
241	UDA VEAE		Nam	Э					
	MPO, YESIT J '2 N.W. 41 STREET		Street Address		s (P.O. Box Number is Not Acceptable)				
MIA	MI FL 33178			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
			City	······································			FL	Zip Cod	de
8. The above	named entity submits this statement	for the purpose of changing its	registered office	or registered ag	ent, or both	h, in the State of F	lorida.		
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered Agent sig	nature required when re	einstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
		FILE NO	OW!!! FEE IS	\$50.00					
		Make Check Pa			te				i
			e By May 1, 2 —	002					
9.	MANAGING MEME		10.			ADDITIONS	/CHANGES		
TITLE	MGRM	☐ Delete	TITLE .					Change	☐ Addition
NAME Street address	NAVAS, MAURICIO		NAME						
CITY-ST-ZIP	CALLE 41 NO. 35-39		STREET ADDRES	8					
	BUCARAMANGA COLOMBIA								
TITLE NAME	MGRM	☐ Delete	TITLE					Change	Addition
STREET ADDRESS	NAVAS, GERARCIO		NAME	_					
CITY-ST-ZIP	CALLE 41 NO. 35-39		STREET ADDRES	8					
	BUCARAMANGA COLOMBIA		CITY-ST-ZIP						
TITLE	MGRM	Delete' '	TITLE ÷	الشراعدة مستوارات	ಎಲ್ ಕ್ರಾ	•		☐ Change	☐ Addition ·
NAME	NAVAS, MARCELA		NAME						
STREET ADDRESS CITY-ST-ZIP	CALLE 41 NO. 35-39		STREET ADDRES	s					
	BUCARAMANGA COLOMBIA		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·					
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAME	.					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	5					
			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
IAME			NAME	.1					Ì
TREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	3					1
			CITY-ST-ZIP						
TTLE		Delete	TITLE	J				Change	Addition
IAME			NAME						[
TREET ADDRESS			STREET ADDRESS	· [}

11. I hereby certify that the information supplied with this principles 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 of trustee emboyard to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED N

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #