

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90382 017 \*\*\*\*50.00

**DOCUMENT # L01000008384**

1. Entity Name

**UNIVERSAL COMMUNICATION & TECHNOLOGY LLC**

Principal Place of Business

**10060 SW 134 ST.  
 MIAMI FL 33176**

Mailing Address

**10060 SW 134 ST.  
 MIAMI FL 33176**

**955535**

2. Principal Place of Business

**782 N.W. 42ND AVE.**

3. Mailing Address

**782 N.W. 42ND AVE**

Suite, Apt. #, etc.

**SUITE 340**

Suite, Apt. #, etc.

**SUITE 340**

City & State

**MIAMI FLORIDA**

City & State

**MIAMI FLORIDA**

Zip

**33126**

Country

**USA**

Zip

**33126**

Country

**USA.**

4. FEI Number

**05-1132024**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**RIVERO, ARMANDO  
 10060 SW 134 ST.  
 MIAMI FL 33176**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☒ Addition

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☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

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:** *Eduardo Varela*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-25-2002 (305) 445-8968**

Date

Daytime Phone #

CR2E083 (9/01)