

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90270 039 ****50.00

DOCUMENT # L01000009369

1. Entity Name
INTER-AMERICAN TECHNOLOGIES, L.L.C.

Principal Place of Business

**1550 MADRUGA AVE
 SUITE 326
 CORAL GABLES FL 33146**

Mailing Address

**1550 MADRUGA AVE
 SUITE 326
 CORAL GABLES FL 33146**

967280



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1200 ANASTASIA AVE
 Suite, Apt. #, etc.
 380
 City & State
 CORAL GABLES FL
 Zip
 33134
 Country
 US**

3. Mailing Address

**1200 ANASTASIA AVE
 Suite, Apt. #, etc.
 380
 City & State
 CORAL GABLES FL
 Zip
 33134
 Country
 US**

4. FEI Number

65-111689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PENINSULA REGISTERED AGENTS INC
 200 S BISCAYNE BLVD
 43RD FLOOR
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **HOWARD M GLICKEN**
 Street Address (P.O. Box Number is Not Acceptable)
1200 ANASTASIA AVE #380
 City **CORAL GABLES FL** Zip Code **33134**

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]**
 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIRECTOR HOWARD M GLICKEN 1200 ANASTASIA AVE CORAL GABLES FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E083 (9/01)

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**

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

Date **4/29/02** Daytime Phone #