

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2002 90270 042 ****50.00

DOCUMENT # L01000009370

1. Entity Name

THE AMERICAS GROUP TECHNOLOGY MANAGERS, 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**

2. Principal Place of Business

**1200 ANASTASIA AVE
 Suite, Apt. #, etc.
 # 380**

CORAL GABLES FL

**Zip
 33134**

**Country
 US**

3. Mailing Address

**1200 ANASTASIA AVE
 Suite, Apt. #, etc.
 380**

CORAL GABLES FL

**Zip
 33134**

**Country
 US**



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-111686

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 Gluzick

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
**MGR DIRECTOR
 Howard M Gluzick
 1200 ANASTASIA AVE #380
 CORAL GABLES FL 33134**

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TITLE
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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 #

CR2E083 (9/01)