

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90010 030 ****50.00

DOCUMENT # L01000009632

1. Entity Name

SAPHIAN TECHNOLOGIES, LLC

Principal Place of Business

**410 WEST 30 PL
HIALEAH FL 33012**

Mailing Address

**P.O. BOX 830471
MIAMI FL 33283**

2. Principal Place of Business

7105 SW 8 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

City & State

City & State

Zip

Country

33144**US**

Zip

Country

4. FEI Number

65-1118113

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAFONTS, LUIS MIGUEL
410 WEST 30 PL
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name **LUIS MIGUEL SAFONTS**Street Address (P.O. Box Number is Not Acceptable)
7105 SW 8 ST SUITE # 208City **MIAMI****FL**Zip Code **33144**

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

*Luis Miguel Safonts***01-07-2002**

Signature, typed or printed name of registered agent and file 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

TITLE **MGRM** ☐ Delete
NAME **LUIS MIGUEL SAFONTS**
STREET ADDRESS **410 WEST 30 PLACE**
CITY-ST-ZIP **HIALEAH FL 33012**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **LUIS MIGUEL SAFONTS**
STREET ADDRESS **7105 SW 8 ST # 208**
CITY-ST-ZIP **MIAMI, FL 33144**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

*Luis Miguel Safonts***01-07-2002 305-263-1110**

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

Date

Daytime Phone #

CR2E083 (9/01)