2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017390

1. Entity Name



FILED Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90026 032 ****50.00

Not Appl					CO.	LTD. CO.	BARTECH	
Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-1146252 Applied I Not Appl Zip Country Zip Country 5. Certificate of Status Desired \$5:00 - Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHAVEZ, JORGE 3350 BANKS RD APT 205 APT 205 MARGATE FL 33063 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. I am familiar with, and act the obligations of registered agent. 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 Florida Department of State Due By May 1, 2003	48 44 48 44 4 44 1844 1844 1844 1844 1844 1844 1844	# 1881/811 BI BRIDG HIBI BRIDG BRIDG		3350 BANKS RD APT 205	RD 3350 BANKS RD APT 20\$		3350 BANKS F APT 205	
City & State Country Coun				3. Mailing Address	usiness	2. Principal Place of Business		
Zip Country Zip Country 5. Certificate of Status Desired S5.00 - Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAVEZ, JORGE 3350 BANKS RD APT 205 MARGATE FL 33063 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. I am familiar with, and act the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003	RE IF MAKING CHANGES	CHECK HERE IF M	<u></u> _	Suite, Apt. #, etc.		#, etc.	Suite, Apt.	
Zip Country Zip Country 5. Certificate of Status Desired See Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHAVEZ, JORGE 3350 BANKS RD APT 205 MARGATE FL 33063 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. I am familiar with, and act the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003	Applied For Not Applicable	4. FEI Number 65-1146252		City & State		City & State		
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Street Address (P.O.: Box Number is Not Acceptable) APT 205 MARGATE FL 33063 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. I am familiar with, and act the obligations of registered agent. 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 Florida Department of State Due By May 1, 2003			Name		NDGE	WEZ INDGE	CH	
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		partment of State	to Florida Departmen	Make Check Payable		•		
	NS/CHANGES	ADDITIONS/CHA	10.	/MANAGERS	MANAGING MEMBERS		9.	
TITLE P Delete TITLE CHAVEZ, JORGE NAME STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 TITLE NAME CHAVEZ DELETED DELETED CITY-ST-ZIP	. Change Addition		NAME STREET ADDRESS	☐ Delete	DANKS RD., APT 205	CHAVEZ, JO 3350 DANKS	NAME STREET ADDRESS	
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TITLE 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 supplied with the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(iiii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			NAME Street Address City-St-Zip				NAME STREET ADDRESS CITY-ST-ZIP	

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.