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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020020

1. Entity Name
**HANDZON TECHNOLOGIES, L.L.C.**

000018814780
05/07/03--01002--006 **150.00

| Principal Place of Business | Mailing Address |
|---|---|
| 4051 LAGUNA STREET<br>CORAL GABLES, FL 33146 | 4061 LAGUNA STREET<br>CORAL GABLES, FL 33146 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 15354 S.W. 81 terrace<br>Suite, Apt. #, etc. | 15354 S.W. 81 terrace<br>Suite, Apt. #, etc. |
| City & State: Miami, FL | City & State: Miami, FL 33185 |
| Zip: 33185 Country: USA | Zip: 33185 Country: USA |

4. FEI Number: **65-1158870** ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| MORALES, ANIA<br>4107 LAGUNA STREET<br>CORAL GABLES, FL 33146 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**Due By May 1, 2003**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>NIEVES, MICHAEL<br>6000 S.W. 84TH STREET<br>MIAMI, FL 33143 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>PARROT, JESSE M<br>9950 S.W. 136TH STREET<br>MIAMI, FL 33176 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>CHIMELIS, RICHARD<br>4107 LAGUNA STREET<br>CORAL GABLES, FL 33146 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>EVANGELAKIS, TED<br>4107 LAGUNA STREET<br>CORAL GABLES, FL 33146 | ☒ 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 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E083 (10/02)

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 606, Florida Statutes.

**SIGNATURE:** _____ 4/28/03 (305) 725-0026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #