2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90693 021 ****50.00

DOCUMENT # L01000021210

1. Entity Name
MICROELEC SERVICE GROUP, LLC

Principal Place of Business	Mailing Address
80 SW 8 STREET 2157 MIAMI FL 33130 US	80 SW 8 STREET 2157 MIAMI FL 33130 US
2. Principal Place of Business: 1121 Oriole Avenue	3. Mailing Address: 1121 Oriole Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Springs, FL.	City & State: Miami Springs, FL.
Zip: 33166 Country: U.S.A.	Zip: 33166 Country: U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2362908 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, IRVING
80 SW 8 STREET
2157
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 ______________________
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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete FELTRIN, GABRIEL ~~80 SW 8 STREET, SUITE 2157~~ ~~MIAMI FL 33130~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☒ Change ☐ Addition FELTRIN, GABRIEL 1121 ORIOLE AVENUE MIAMI SPRINGS, FL. 33166
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 608, Florida Statutes.

SIGNATURE: X [signature] SIGNATURE REQUIRED Gabriel Feltrin 4/28/03 (305) 805-3747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #