

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91826 001 \*\*\*\*\*50.00  
05-05-2003 91826 002 \*\*\*\*\*5.00

**DOCUMENT # L02000000236**

1. Entity Name  
**AMERYTEK, LLC**



Principal Place of Business

127 SUMMIT ASH WAY  
APOPKA FL 32703  
US

Mailing Address

127 SUMMIT ASH WAY  
APOPKA FL 32703  
US

**55037943**



2. Principal Place of Business

3. Mailing Address

P.O. Box 590415

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando FL

4. FEI Number

04-3615632

Applied For

Not Applicable

Zip

Country

Zip

Country

32859 Orange

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTILLO, CRUZ E  
3501 WEST VINE STREET  
258  
KISSIMMEE FL 34741

Name

Luis A. Tineo

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

5607 PGA Blvd 1715

City

Orlando

FL

Zip Code

32839

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

3-6-03

**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 MGR ☒ Delete  
NAME ALVAREZ, TOMAS  
STREET ADDRESS 3725 CASTLE PINES LANE #4313  
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☒ Delete  
NAME GIL, JORGE B  
STREET ADDRESS 8642 MARGAVERA DRIVE  
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME TINEO, LUIS A  
STREET ADDRESS 5607 PGA BLVD. 1715  
CITY-ST-ZIP ORLANDO FL 32839-351

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME APONTE, CLAUDIA M  
STREET ADDRESS 5607 PGA BLVD. 1715  
CITY-ST-ZIP ORLANDO FL 32839-351

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

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

Date

Daytime Phone #

3-6-03 (407) 9259740

CR2E083 (10/02)