

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90612 010 \*\*\*\*50.00

0019816

**DOCUMENT # L02000005350**

1. Entity Name

**VAYCO COMPUTER TECH, L.L.C.**



Principal Place of Business

**343 191ST TERRACE  
SUNNY ISLE FL 33160**

Mailing Address

**343 191ST TERRACE  
SUNNY ISLE FL 33160**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 52-3066**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Miami, Florida**

4. FEI Number

**01-0623435**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33152-3066**

**USA**

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

**SOJETE, ARIEL A  
343 191ST TERRACE  
SUNNY ISLE FL 33160**

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 **MGRM** ☐ Delete  
NAME **SOJETE, ARIEL A**  
STREET ADDRESS **343 191ST TERRACE**  
CITY-ST-ZIP **SUNNY ISLE FL 33160**

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

TITLE **MGRM** ☐ Delete  
NAME **MATERIN, PABLO A**  
STREET ADDRESS **FLORIDA 537 LOCAL 399 GALERIA JARDIN**  
CITY-ST-ZIP **BUENOS AIRES, ARGENTINA**

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

TITLE **MGRM** ☐ Delete  
NAME **VAINERAS, AMIT DOR A**  
STREET ADDRESS **FLORIDA 537 LOCAL 399 GALERIA JARDIN**  
CITY-ST-ZIP **BUENOS AIRES, ARGENTINA**

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  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 REQUIRED**

**4/1/03**

**305-519-1472**

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

Date

Daytime Phone #

CR2E083 (10/02)