FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 90687 040 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000008886

1. Entity Name
PCMT LLC

Principal Place of Business	Mailing Address
7730 SW 68 TR MIAMI, FL 33143	7730 SW 68 TR MIAMI, FL 33143

2. Principal Place of Business	3. Mailing Address
1112 WESTON RD.	1112 WESTON RD.
Suite, Apt. #, etc. 219	Suite, Apt. #, etc. 219
City & State WESTON FL	City & State WESTON FL
Zip 33326 Country USA	Zip 33326 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0456360 — 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
BALLESTAS AND ASSOCIATES INC. 7730 S.W. 68 TERRACE MIAMI, FL 33143	Name: GUILLERMO GHIRALDO Street Address (P.O. Box Number is Not Acceptable): 1112 WESTON RD #219 City: WESTON FL Zip Code 33326

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] GHIRALDO GUILLERMO 03/19/03.
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	☐ Delete	TITLE DIRECTOR NAME GHIRALDO GUILLERMO STREET ADDRESS 1112 WESTON RD #219 CITY-ST-ZIP WESTON FL 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE DIRECTOR NAME EMILIO COHAN STREET ADDRESS 1112 WESTON RD #219 CITY-ST-ZIP WESTON FL 33326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] DIRECTOR GHIRALDO GUILLERMO 03/19/03.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #