

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90119 038 *****55.00

DOCUMENT # L02000014762

1. Entity Name

BUSINESS COMPUTER ASSOCIATES LLC



Principal Place of Business

**8780 NW 18 TERRACE
MIAMI FL 33172**

Mailing Address

**8780 NW 18 TERRACE
MIAMI FL 33172**

2. Principal Place of Business

8813 NW 23 STREET

Suite, Apt., #, etc.

3. Mailing Address

8813 NW 23 STREET

Suite, Apt., #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL

Zip

33172

Country

MIAMI-DADE

Zip

33172

Country

MIAMI-DADE

4. FEI Number

61-1418498

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KLEIN, THEODORE J ESQ
88 NE 168 STREET
NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name **MARIO RODRIGUEZ**

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

12200 SW 1st. STREET

City

MIAMI

FL

Zip Code

33184

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

Mario Rodriguez
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/04
DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **RODRIGUEZ, MARIO**
STREET ADDRESS **8780 NW 18 TERRACE**
CITY - ST - ZIP **MIAMI FL 33172**

TITLE **MGRM** ☒ Delete
NAME **MOYA, HENRY**
STREET ADDRESS **8780 NW 18 TERRACE**
CITY - ST - ZIP **MIAMI FL 33172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **RODRIGUEZ, MARIO**
STREET ADDRESS **8813 NW 23 ST.**
CITY - ST - ZIP **MIAMI, FL. 33172**

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

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

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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:

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

4/28/04
Date

(305) 477-9515
Daytime Phone #