

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2003 8:00 am
Secretary of State

09-18-2003 90001 046 ****50.00

DOCUMENT # L02000028018

1. Entity Name

CYBER-TEC SYSTEMS LLC



Principal Place of Business

Mailing Address

**815 PONCE DE LEON BLVD., SUITE P-201
CORAL GABLES FL 33134**

**815 PONCE DE LEON BLVD., SUITE P-201
CORAL GABLES FL 33134**

30157405



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

**OLIVER J. LANGSTADT, ESQ., P.A.
815 PONCE DE LEON BLVD., SUITE P-201
CORAL GABLES FL 33134**

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

Oliver J. Langstadt
Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

10 SEPT, 2003

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **SCABBIER, JURGEN**
STREET ADDRESS **ARNOGASSE 11/8**
CITY-ST-ZIP **A-5201 SEEKIRCHEN, AUSTRIA**

TITLE **MGR** ☒ Change ☐ Addition
NAME **SCHORER, JURGEN**
STREET ADDRESS **ARNOGASSE 11/8**
CITY-ST-ZIP **A-5201 SEEKIRCHEN, AUSTRIA**

TITLE **MGR** ☐ Delete
NAME **PROETSCH, SASCHA**
STREET ADDRESS **ARNOGASSE 11/8**
CITY-ST-ZIP **A-5201 SEEKIRCHEN, AUSTRIA**

TITLE **MGR** ☒ Change ☐ Addition
NAME **PROETSCH, SASCHA**
STREET ADDRESS **ARNOGASSE 11/8**
CITY-ST-ZIP **A-5201 SEEKIRCHEN, AUSTRIA**

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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

SASCHA PROETSCH, Manager 9/14/2

305-461-5667

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

Date

Daytime Phone #

CR2E083 (4/03)