## LIMITED LIABILITY COMPANY

## **UNIFORM BUSINESS REPORT (UBR)**

May 02, 2003 8:00 am Secretary of State

1. Entity Nam	bal Technical K		ng D	05-02-2003 90756	022 ****50.00
	DO NOT WRITE		PACE		viu
2. Principal F 545	Place of Business 5 SW 8 STREET	3. Mailing Address Clo Vidal MAN	riNo VELis		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc. P-O-Box /4		DO NOT WAITE IN THIS	SPACE
City & Stat	Mi, FloriDA	City & State CORAL GABL		4. FEI Number 35 219 0734	Applied For Not Applicable
Zip 3313		33114	Country USA	5. Certificate of Status Desired	\$5.00 Additional Fee Required
4-2018		<u> </u>		7. Name and Address of Current Registers	
	DO NOT W	PITE:	Name Vid	aL MARINO VELIS	S ESQUIRE
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	IN THIS SP	ACE:	782 N	IW LEJEUNE ROA	d. Suite 530
			City	i Florida	Zip Code 2 2 6
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its r	egistered office or register	ed agent, or both, in the State of Florida. I am	familiar with, and accept
the obligat	Willaus har	Value		21 7	9-12
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable.		DATE	29-03
9.	MANAGING MEMBEI	RS/MANAGERS			
9. TITLE NAME	MANAGING MEMBER MARING L	RS/MANAGERS	TILE.		13003
TITLE NAME STREET ADDRESS	MANAGING MEMBER MER VIGA MARINO V 5455 SW 8 STA	RELI'S LEET Suite 220	TITLE WAVE STRET ADDRESS:		38 (1202)
TITLE NAME	MANAGING MEMBER MARING VIDA MARING VIDA MARING VIDA 5455 SW8 STA MIAMI, Florid	RS/MANAGERS /ELI'S EET Suite 220 2 33134	TITLE NAME STRETT ADDRESS CITY: ST - 7P		75-08-38 (12)(2)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MER VIOLA MARINO V 5455 SW 8 STA MIAMI, Florid	RS/MANAGERS /ELI'S GET Suite 220 2 33134	NAME		CRZEMAR (1202)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MARING VIDA MARING VIDA MARING VIDA 5455 SW8 STA MIAMI, Florid	RS/MANAGERS /ELI'S EET Suite 220 2 33134			CRAFEMAR (1200)
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(305) 444-1148 4-29-03

Date