

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90756 022 \*\*\*\*50.00

DOCUMENT # **L02000033680**

1. Entity Name

**Global Technical Resources LLC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**5455 SW 8 STREET**

Suite, Apt. #, etc.

**220**

City & State

**MIAMI, FLORIDA**

Zip

**33134**

Country

**USA**

3. Mailing Address

**c/o Vidal MARINO VELIS**

Suite, Apt. #, etc.

**P.O. Box 14-0729**

City & State

**CORAL GABLES, FL.**

Zip

**33114**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**35 219 0734**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **Vidal MARINO VELIS, ESQUIRE**

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

**40 JESUS BUJAN, ESQUIRE**

**782 NW LEJEUNE ROAD, SUITE 530**

City

**MIAMI, FLORIDA**

Zip Code

**33126**

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

*Vidal Marino Velis*

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

**4-29-03**

DATE

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Vidal MARINO VELIS  
5455 SW 8 STREET Suite 220  
MIAMI, FLORIDA 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

*Vidal Marino Velis Manager*

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

**4-29-03 (305) 444-1148**

Date

Daytime Phone #

CR2E0836 (12/02)