

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 203000023981

1. Entity Name

Sci-Tech, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT -5 AM 10:48

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4830 NW 102 Ave

Suite, Apt. #, etc.

101

City & State

Doral, FL

Zip

33178

Country

USA

3. Mailing Address

Same as principal

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

76-0735909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Juan A. Pericchi

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

4830 NW 102 Ave #101

City

Doral

FL

Zip Code

33178

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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE M/M
NAME Pericchi, Juan A.
STREET ADDRESS 4830 NW 102 Ave #101
CITY-ST-ZIP Doral, FL 33178

TITLE M/M
NAME Lakatos, Ilonka
STREET ADDRESS 4830 NW 102 Ave #101
CITY-ST-ZIP Doral, FL 33178

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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:

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

Juan A. Pericchi

9/30/04

(786) 487-9247

Date

Daytime Phone #