

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

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90144 001 *****50.00

DOCUMENT # L03000027530

1. Entity Name

RETECA, LLC



DO NOT WRITE IN THIS SPACE

14027100

2. Principal Place of Business

14940 SW 166th STREET

Suite, Apt. #, etc.

3. Mailing Address

14940 SW 166th STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33187

Country

USA

Zip

33187

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

AGICO LEON

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

14940 SW 166th STREET

City

MIAMI,

FL

Zip Code

33187

**DO NOT WRITE
IN THIS SPACE**

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

AGICO LEON

JULY 21, 2004

Signature of person who is not a registered agent and who is not applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
HECTOR LUIS PEROZO MALDONADO
14940 SW 166th STREET
MIAMI, FL 33187

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VICE-PRESIDENT
CARMEN MARGARITA NUCETTE DEL GADO
14940 SW 166th STREET
MIAMI, FL 33187

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE:

HECTOR LUIS PEROZO MALDONADO

07/21/2004

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

Date

Daytime Phone #

CR2E083B (12/02)

Attachment
14027100
RETECA, L.L.C.
14940 SW 166TH STREET
MIAMI, FL 33187
(305) 271-7310

July 21, 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Doc # L03000027530

Dear Sir:

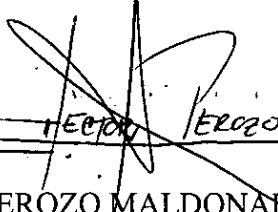
Enclosed please find a check for \$50.00 to cover the annual report fee for CY 2004 along with a completed UBR form. I never received the form.

Please accept this check in good faith. We are a new company, and I was not aware of the form until my accountant brought it up to my attention.

I sincerely hope that you would take this into consideration.

Thank you.

Very truly yours,


✓ **HECTOR LUIS PEROZO MALDONADO**
Director