

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

07-25-2002 90128 039 \*\*\*\*50.00

FILED L97000000298  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 AUG 26 AM 9:07

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DOCUMENT # L97000000298

1. Entity Name

PAE OF FLORIDA, L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2101 Coral Way

3. Mailing Address  
782 N.W. Lejeune Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 530

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33145

USA

33126

USA

4. FEI Number

650735136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Roberto F. Fleitas

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

782 N.W. Lejeune Road

Suite 530

City Miami

FL

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.

SIGNATURE

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

7/19/02

DATE

FEES \$50.00

Make Check Payable to Department of State

DUE BY MAY

9. MANAGING MEMBERS/MANAGERS

|                                                |                                                                                                          |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President/Secretary/Treasurer/<br>Director<br>Carlos González Gómez<br>2101 Coral Way<br>Miami, FL 33145 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                          |
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**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)(b), 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

CARLOS GONZALEZ GOMEZ

7/19/02

Date

305-856-6030

Daytime Phone #

CR2083B (12/01)