

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000393

1. Entity Name

REAL TECH COMPUTER SERVICES, LLC

APPROVED
AND
FILED

00 MAY -3 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~3615 NORTHEAST 207TH STREET, #3315~~

~~3615 NORTHEAST 207TH STREET, #3315~~

~~AVENTURA FL 33180~~

~~AVENTURA FL 33180-3813~~

6328 NW 180 TERR
MIAMI FL 33015

6328 NW 180 TERR
MIAMI, FL 33015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0823826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTISTEBAN, LUCIO

~~3615 NORTHEAST 207TH STREET, #3315~~

~~AVENTURA FL 33180~~

6328 NW 180 TERR
MIAMI, FL 33015

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS ANORGA, JORGE 6328 NW 180 TERR
CITY - ST - ZIP ~~3615 NORTHEAST 207TH STREET, #3315~~
~~AVENTURA FL 33180~~ MIAMI, FL 33015

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS SANTISTEBAN, LUCIO
CITY - ST - ZIP 2040 GODDARD AVENUE
SIMI VALLEY CA 93063-2842

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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: ✓

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

04/14/2000

Date

305-362-3852

Daytime Phone #

CR2E083 (9/99)