

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002513

1. Entity Name
NVC TECHNOLOGY, L.C.

FILED

00 JAN 24 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O NILO VILELA CARDOSO
6510 N.W. 84TH AVENUE
MIAMI FL 33166

Mailing Address
C/O NILO VILELA CARDOSO
6510 N.W. 84TH AVENUE
MIAMI FL 33166-2611



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0873639

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FELDENKRAIS, MICHAEL ESQ.
BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE, SUITE 100
MIAMI FL 33126

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

TITLE NAME MGRM BUTTAZZI, PAUL ☒ Delete
STREET ADDRESS 6510 N.W. 84TH AVENUE
CITY- ST- ZIP MIAMI FL 33166

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS 6510 N.W. 84TH AVE
CITY- ST- ZIP MIAMI, FL 33166

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS 6510 N.W. 84TH AVE
CITY- ST- ZIP MIAMI, FL 33166

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS 6510 N.W. 84TH AVE
CITY- ST- ZIP MIAMI, FL 33166

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

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

TITLE NAME ☐ Change ☐ Addition
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

SIGNATURE REQUIRED

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

Date

Daytime Phone #

✓ 1-19-00 (305) 513 8500