2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000005424

1. Entity Name
CEMTECH SYSTEMS, LLC

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

4/4

Principal Place of Business	Mailing Address
2121 NORTH OCEAN BLVD.. SUITE 808 E BOCA RATON FL 33431	2121 NORTH OCEAN BLVD.. SUITE 808 E BOCA RATON FL 33431-7894

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8286 NW 56th Street Suite, Apt. #, etc.	8286 NW 56th Street Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. FEI Number 65 094 4464 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LLANA, EUGENIO
2121 NORTH OCEAN BLVD., SUITE 808 E
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name: Llana, EUGENIO
Street Address (P.O. Box Number is Not Acceptable): 8286 NW 56th Street
City: Miami **FL** Zip Code: 33166

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: Llana 20. March 2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LLANA, EUGENIO 2121 NORTH OCEAN BLVD., SUITE 808 E BOCA RATON FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Llana Eugenio 8286 NW 56 Street Miami, FL 33166	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FERR, PAUL G. 2121 NORTH OCEAN BLVD., SUITE 808 E BOCA RATON FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Ferr, Paul G. 8286 NW 56 Street Miami, FL. 33166	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/99)

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: Llana SIGNATURE REQUIRED 20 March 2000 305 597 2536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #