2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 APR 27 AM 10: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001047 AF

DOCUMENT # L99000005424

1. Entity Name
CEMTECH SYSTEMS, LLC

Principal Place of Business	Mailing Address
8286 NW 56TH STREET MIAMI FL 33166	8286 NW 56TH STREET MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8147 N.W. 67 Street	8147 N.W. 67 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI-Fl	City & State: MIAMI Fl
Zip: 33166 Country: DADE	Zip: 33166 Country: DADE.

4. FEI Number 65-0944464 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LLANA, EUGENIO
8286 N.W. 56TH STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name: LLANA EUGENIO
Street Address (P.O. Box Number is Not Acceptable): 810 SALZEDO STREET Apt 10
City: Coral Gables FL Zip Code 33134

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 810 SALZEDO STREET APT. #10 CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAHAMON, ADRIANA M 810 SALZEDO STREET APT. #10 CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004217158--9 -05/15/01--01071--023 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 (11/00)

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] MGRM 4/23/01 305-577-8589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #