# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -5 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000434B AF

DOCUMENT # L99000007093

1. Entity Name

AIKEN TECHNOLOGIES, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 4405 NW 73 AVE.. STE 030-3108<br>MIAMI FL 33166-6400 | 4405 NW 73 AVE.. STE 030-3108<br>MIAMI FL 33166-6488 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2455 HOLLYWOOD BLVD | 2455 HOLLYWOOD BLVD. |
| Suite, Apt. #, etc.<br>SUITE 309 | Suite, Apt. #, etc.<br>SUITE 309 |
| City & State<br>HOLLYWOOD, FLORIDA | City & State<br>Hollywood, FLORIDA |
| Zip 33020 Country USA | Zip 33020 Country USA |

4. FEI Number 65-0958058 ☐ 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 |
|---|---|
| CUEVAS, ANDREW<br>9200 S. DADELAND BLVD., STE 603<br>MIAMI FL 33156 | Name CARLOS GARCIA-BALLESTA<br>Street Address (P.O. Box Number is Not Acceptable) 2455 HOLLYWOOD BLVD. SUITE 309<br>City Hollywood FL Zip Code 33020 |

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 Andrew Cuevas 04/23/2000
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☑ Addition<br>MGRM<br>CARLOS GARCIA-BALLESTA<br>2455 HOLLYWOOD BLVD. SUITE 309<br>HOLLYWOOD - FL - 33020 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☑ Addition<br>MGRM<br>VALQUIRIA VILLEGAS-GARCIA<br>2455 HOLLYWOOD BLVD, SUITE 309<br>HOLLYWOOD - FL - 33020 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition<br>300003297063--1<br>-06/20/00--01051--008<br>*****50.00 *****50.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E080 (1/96)

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 04/23/2000 (954) 453 1197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CARLOS GARCIA BALLESTA