2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State
03-05-2002 90001 041 ****50.00

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DOCUMENT # L99000007093

1. Entity Name
AIKEN TECHNOLOGIES, L.L.C.

Principal Place of Business	Mailing Address
2455 HOLLYWOOD BLVD.. SUITE 309 HOLLYWOOD FL 33020	2455 HOLLYWOOD BLVD.. SUITE 309 HOLLYWOOD FL 33020

750309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2656 SW 139TH AVENUE	2656 SW 139TH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR FLORIDA	City & State: MIRAMAR FLORIDA
Zip: 33027 Country: BROWARD	Zip: 33027 Country: BROWARD

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
GARCIA-BALLESTA, CARLOS 2455 HOLLYWOOD BLVD., SUITE 309 HOLLYWOOD FL 33020	Name: GARCIA-BALLESTA, CARLOS Street Address (P.O. Box Number is Not Acceptable): 2656 SW 139TH AVENUE City: MIRAMAR FL Zip Code: 33027

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] FEB 02. 2002
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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CARLOS GARCIA-BALLESTA 2455 HOLLYWOOD BLVD., SUITE 309 HOLLYWOOD FL 33020	☐ Delete	MGRM CARLOS GARCIA-BALLESTA 2656 SW 139TH AVENUE MIRAMAR FL 33027	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VALQUIRIA VILLEGAS-GARCIA 2455 HOLLYWOOD BLVD., SUITE 309 HOLLYWOOD FL 33020	☐ Delete	MGMR VALQUIRIA VILLEGAS-GARCIA 2656 SW 139TH AVENUE MIRAMAR FL 33027	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E063 (9/01)

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] SIGNATURE REQUIRED FEB 04 2002 9544334776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #