2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
01 MAY -1 PM 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M 00000001984

1. Entity Name
TECHNOLOGY CENTER OF THE AMERICAS, LLC

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2601 S. BAYSHORE DR.		2601 S. BAYSHORE DR.	
Suite, Apt. #, etc. 9TH FLOOR		Suite, Apt. #, etc. 9TH FLOOR	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33133	Country USA	Zip 33133	Country USA

4. FEI Number 65-1086617 ☐ 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
Name ROBERT D. SICHTA
Street Address (P.O. Box Number is Not Acceptable) 2601 S. BAYSHORE DR. 9TH FLOOR
City MIAMI FL Zip Code 33133

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] ROBERT D. SICHTA 4/24/01
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	MANAGING MEMBER; TECHNOLOGY CENTER OF THE AMERICAS, INC.; 2601 S. BAYSHORE DR, 9TH FL.; MIAMI, FL 33133 ☐ 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 400004275004--8 -05/21/01--01191--016 *****50.00 *****50.00
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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] ROBERT D. SICHTA, ASST. SECY. TECHNOLOGY CENTER OF THE AMERICAS, INC. 4/24/01 305-856-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #