

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90204 032 ****55.00

DOCUMENT # M01000001131

1. Entity Name

PROPULSION TECHNOLOGY, LLC

Principal Place of Business

**8050 N.W. 31ST STREET
 MIAMI FL 33122**

Mailing Address

**8050 N.W. 31ST STREET
 MIAMI FL 33122**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-112 7945

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**REGISTERED AGENTS OF FLORIDA, LLC
 100 SE 2ND STREET, SUITE 3500
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Steven Silverman**

Street Address (P.O. Box Number is Not Acceptable)

9500 S. Dadeland Blvd. Suite 500

City **MIAMI**

FL

Zip Code

33156

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]

STEVEN SILVERMAN

4-29-02

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGRM - President + CEO
 Raphael El Hayam
 8050 NW 31st
 Miami, Florida 33122**

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGRM - SVP + CFO
 Michel Piot
 8050 NW 31st
 Miami, Florida 33122**

☐ Change

☒ Addition

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☐ Change

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☐ Change

☐ Addition

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/2002

Date

786-797-7066

Daytime Phone #

CR2E083 (9/01)