

# 2001 UNIFORM BUSINESS REPORT (UBR)

001017 AF

DOCUMENT # L00000003161

1. Entity Name  
G.A.M., L.L.C.

FILED

01 FEB 22 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
9200 S.DADELAND BLVD., SUITE 603  
MIAMI FL 33156

Mailing Address  
9200 S.DADELAND BLVD., SUITE 603  
MIAMI FL 33156

2. Principal Place of Business  
8320 W. SUNRISE BLVD.

3. Mailing Address  
8320 W. SUNRISE BLVD.

Suite, Apt. #, etc.  
115

Suite, Apt. #, etc.  
115

City & State  
PLANTATION, FL

City & State  
PLANTATION, FL

Zip Country  
33322 BROWARD

Zip Country  
33322 BROWARD

4. FEI Number  
65-0992211

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ.  
9200 S.DADELAND BLVD., SUITE 603  
MIAMI FL 33156

## 7. Name and Address of New Registered Agent

Name  
CUEVAS, ANDREW ESQ.

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

536 BILTMORE WAY

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 *Andrew Cuevas*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
02/07/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME  
MGRM LATTANZIO, MAURICIO  
STREET ADDRESS  
9200 S.DADELAND BLVD., SUITE 603  
CITY-ST-ZIP  
MIAMI FL 33156 ☐ Delete

TITLE NAME  
MGRM LATTANZIO, ANTONIO  
STREET ADDRESS  
9200 S.DADELAND BLVD., SUITE 603  
CITY-ST-ZIP  
MIAMI FL 33156 ☐ Delete

TITLE NAME  
MGRM LATTANZIO, GEORGIO  
STREET ADDRESS  
9200 S.DADELAND BLVD., SUITE 603  
CITY-ST-ZIP  
MIAMI FL 33156 ☐ Delete

TITLE NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
☐ Delete

TITLE NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
☐ Delete

TITLE NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE NAME  
MGRM LATTANZIO, MAURICIO  
STREET ADDRESS  
8320 W. SUNRISE BLVD. # 115  
CITY-ST-ZIP  
PLANTATION, FL 33322 ☒ Change ☐ Addition

TITLE NAME  
MGRM LATTANZIO, ANTONIO  
STREET ADDRESS  
8320 W. SUNRISE BLVD. # 115  
CITY-ST-ZIP  
PLANTATION, FL 33322 ☒ Change ☐ Addition

TITLE NAME  
MGRM LATTANZIO, GEORGIO  
STREET ADDRESS  
8320 W. SUNRISE BLVD. # 115  
CITY-ST-ZIP  
PLANTATION, FL 33322 ☒ Change ☐ Addition

TITLE NAME  
7000003782887  
STREET ADDRESS  
-02/27/01--01089--001  
CITY-ST-ZIP  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
☐ Change ☐ Addition

TITLE NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

02/09/01

CR2E083 (11/00)