

2001 UNIFORM BUSINESS REPORT (UBR)

0026320 AF

DOCUMENT # L00000005307

1. Entity Name
GUELARCA INVESTMENTS, L.L.C.

FILED

01 APR -4 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2100 WHISPER LAKES BLVD
ORLANDO FL 32837

Mailing Address
2100 WHISPER LAKES BLVD
ORLANDO FL 32837

NEW ADDRESS.

2. Principal Place of Business
ISLAMORADA DR.
Suite, Apt. #, etc.
14208

3. Mailing Address
Suite, Apt. #, etc.

City & State
ORLANDO FL.

City & State

Zip
32837

Country
USA

Zip

Country

4. FEI Number ☒ 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
CUEVAS & RUBIN PA
9200 S DADELAND BLVD SUITE 603
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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, 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

500003936465-0
-04/13/01-01028-022
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUERRA, JOSE BERNARDO 2100 WHISPER LAKES BLVD ORLANDO FL 32837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERRERA, MARIA CRISTINA 2100 WHISPER LAKES BLVD ORLANDO FL 32837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

ORLANDO 03/31/01

407 8514678

CR2E083 (11/00)