

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90238 024 \*\*\*\*50.00

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**DOCUMENT # L01000003258**

1. Entity Name

GILCO REALTY, L.C.

Principal Place of Business

C/O IRVING SHIMOFF, ESQ.  
 NATIONSBANK TOWER, 100 SE 2ND ST STE 3920  
 MIAMI FL 33131

Mailing Address

C/O IRVING SHIMOFF, ESQ.  
 NATIONSBANK TOWER, 100 SE 2ND ST STE 3920  
 MIAMI FL 33131

943377

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEE Number

80-0030727

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHIMOFF, IRVING  
 100 S.E. 2ND ST., STE. 3920  
 MIAMI FL 33131

Name Fieldstone Ronald R.  
 Street Address (P.O. Box Number, is Not Acceptable) 201 Alhambra Circle  
Ste 601  
 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

Ronald R Fieldstone

4/11/02

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

10. ADDITIONS/CHANGES

TITLE NAME Dezer Michael MGRM ☐ Delete  
 STREET ADDRESS 8701 Collins Ave  
 CITY-ST-ZIP Miami Beach FLA 33154

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

TITLE NAME Nedmi Dezerzov MGRM ☐ Delete  
 STREET ADDRESS 8701 Collins Ave  
 CITY-ST-ZIP Miami Beach FLA 33154

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

TITLE NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 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:

Michael Dezer

4/11/02

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

Date

Daytime Phone #

CR2E083 (9/01)