

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 15 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L98000000060**

1. Entity Name

ALLSTEEL & GYPSUM OF PALM BEACH, LLC

Principal Place of Business

2250 AUSTRALIAN AVENUE
RIVIERA BEACH FL 33404

Mailing Address

2250 AUSTRALIAN AVENUE
RIVIERA BEACH FL 33404-5312



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0805636

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

BEHAR, LARRY J
888 SOUTHEAST THIRD AVENUE, SUITE #400
FORT LAUDERDALE FL 33316

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MARKUS, GLENN
STREET ADDRESS **1250 N.W. 23RD AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE NAME Change Addition
Member **Gada Management, L.C., M6KM**
STREET ADDRESS **2300 Barcelona Drive**
CITY-ST-ZIP **FL Lauderdale, FL 33301**

TITLE NAME Delete
JOLICOEUR, DANIEL
STREET ADDRESS **2250 AUSTRALIAN AVENUE**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE NAME Change Addition
Member **Cega Management, L.L.C., M6KM**
STREET ADDRESS **7968 Lakewood Cove**
CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE NAME Delete

TITLE NAME Change Addition
0000003279060--2
STREET ADDRESS **-06/06/00--01109--014**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME 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:

MARKUS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

04-10-00
Date

954-527-1900
Daytime Phone #

CF 1003 (1/17)