

# 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

Date **04-10-00**

Daytime Phone # **954-527-1900**

CF 1003 (M/F)