

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005373

1. Entity Name

SMITH AND GONZALES, LLC

FILED

01 MAR 23 PM 12:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

700 S. ROYAL POINCIANA BLVD.
MIAMI SPRINGS FL 33166

Mailing Address

700 S. ROYAL POINCIANA BLVD.
MIAMI SPRINGS FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0943993

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

VILA, PADRON & CARRILLO, P.A.
2100 SALZEDO STREET
SUITE 300
CORAL GABLES FL 33134

Name

CT Corporation System

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

1200 S. Pine Island Road

City

Plantation

FL

Zip Code

33324

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.

PETER F. SOUZA
ASSISTANT SECRETARY

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGR
STREET ADDRESS LAETITIA CATHERINE MULLER
CITY-ST-ZIP 5 AVENUE WILSON, 94340
JOINVILLE, FRANCE

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
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:

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

Date

Daytime Phone #

CR2E083 (11/00)



FILED

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
TALLAHASSEE FLORIDA

March 14, 2001

SMITH AND GONZALES, LLC
700 S. ROYAL POINCIANA BLVD.
STE. 103
MIAMI SPRINGS, FL 33166

SUBJECT: SMITH AND GONZALES, LLC
Ref. Number: L99000005373

We have received your document for SMITH AND GONZALES, LLC and check(s) totaling \$50.00. However, your check(s) and document are being returned for the following:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 701A00015527