

2000 UNIFORM BUSINESS REPORT (UBR)

AND FILED

00 MAY -1 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007330 AF

DOCUMENT # **L99000007000**

1. Entity Name
GINGER POT, LLC

Principal Place of Business
**5030 CHAMPION BLVD. #GK-286
BOCA RATON FL 33496**

Mailing Address
**5030 CHAMPION BLVD. #GK-286
BOCA RATON FL 33496-2473**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
5030 Champion Blvd G6-286

Suite, Apt. #, etc.
5030 Champion Blvd G6-286

City & State

City & State

4. FEI Number 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

**MENOR, ARTHUR J.
C/O SHUTTS & BOWEN LLP
250 S. AUSTRALIAN AVENUE, SUITE 500
WEST PALM BEACH FL 33401**

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 _____ (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 Delete
NAME **Managing Member**
STREET ADDRESS **PATRICIA CERISANO**
CITY-ST-ZIP **5030 Champion Blvd G6-286
BOCA RATON FL 33496**

Change Addition
TITLE
NAME **100003256581--3**
STREET ADDRESS **-05/18/00--01010--018**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE Delete
NAME **Managing Member**
STREET ADDRESS **MICHAEL A. CERISANO**
CITY-ST-ZIP **5030 Champion Blvd G6-286
BOCA RATON FL 33496**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
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: **Patricia Cerisano** **4/19/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (19/99)