2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

L9900007000

1. Entity Name

GINGER POT, LLC

Principal Place of Business 5030 CHAMPION BLVD #GK-288 BOCA RATON FL 33496	Mailing Address 5030 CHAMPION BLVD #GK-286 BOCA RATON FL 33496-2473
	1
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 5030 Choupion Blud G6-Z&	Suite, Apt. #, etc. 5030 Champion Blad G6-286
City & State	City & State

AND FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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2. Principal P	lace of Business	siness 3. Mailing Address		- L CORNININ DIE HEIND IBNIS EDINI DENN DENN DENN DENN EDIN EDIN LEDIS DENN DENN BBNI LEDI			
Suite, Apt.	# etc. Chaupion Blud G6-Z&	Suite, Apt. #, etc. 5030 Chanping A	olud G6-286	DO NOT WRITE IN THIS	SPACE		
City & State	2	City & State	3	4. FEI Number		oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Add		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
			Name				
MENOR, ARTHUR.J			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
C/O SHUTTS & BOWEN LLP							
	ISTRALIAN AVENUE, SUITE 500				1		
WEST PAL	LM BEACH FL 33401		City	City FL Zip Code :			
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or registe	ered agent, or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE.	Registered Agent signature require	ed when reinstating) DATE			
	organical, special participation of						
		,	W!!! FEE IS \$50.00				
		Make Check Pay	able to Department	of State			
9.	MANAGING MEMBE	BS/MEMBERS	10.	ADDITIONS/CHANGE			
TITLE	MANGGING Henb		TITLE		Change	Addition	
NAME	PATAICIA CEAIS		NAME	100003256	:581-	3	
STREET ADDRESS	Jo30 Champion BI BOCA RATON FL 3	10 G6-286	STREET ADDRESS	-05/18/00	010100	118	
CITY- 87- ZIP	DOCA KATSA PL S	3476	CITY-\$T-ZIP	*****50.00	□ Change	O. OO	
TITLE NAME	MAUTAINA MEMBER MICHAEL D. CERISA JO30 Champion	□ Delete	TITLE		C Cristiffs		
STREET ADDRESS	JO 30 Champion x	31ua 66-286	STREET ADDRESS				
CITY-8T-ZIP	BICA RATON FL	33496	CITY-ST-ZIP				
TITLE		☐ Delate	TITLE		Change	Addition	
MAME			NAME STREET ADDRESS				
STREET ADDRESS.		•	CITY-ST-ZIP				
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NAME		,	NAME			-	
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CITY-ST-ZIP			CITY-8T-ZIP				
TITLE		☐ Deleta	TITLE		Change	Addition	
MAME STREET ADDRESS		1	NAME STREET ADDRESS				
CITY-8T-ZIP	,		CITY-ST-ZIP			_	
TITLE V		☐ Delete	TITLE		Change	Addition	
NAME	, i		NAME				
STREET ADGRESS	•		STREET ADDRESS			ļ	
CITY- 8T- ZIP	<u> </u>		CITY-ST-ZIP	2-11-110 07(0)(0) 5(1-11-0)		-6	
11. I hereby o	certify that the information supplied with	this filing does not qualify for hat my signature shall have the	the exemption stated in S he same lenal effect as if	Section 119.07(3)(i), Florida Statutes. I further of made under oath; that I am a managing mem	eruty that the in	normation er of the	

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: To

Daytime Phone #