

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31946**

1. Entity Name

GEHN HOLDINGS, LTD.

Principal Place of Business

701 BRICKELL AVENUE, SUITE 850  
MIAMI FL 33131

Mailing Address

701 BRICKELL AVENUE, SUITE 850  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

**65-0284022**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

9. Capital Contributions  
as Shown on record.

**\$10,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

## 12. GENERAL PARTNER INFORMATION

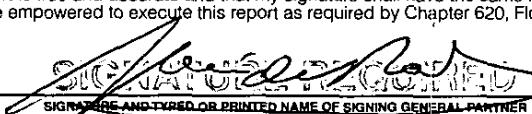
13.

ADDRESS CHANGES ONLY

DOCUMENT #	S74138	STREET ADDRESS	<b>800004422078--0</b> -06/15/01--01040--027 ****158.75 ****158.75	
NAME	GEHN HOLDINGS, INC.	CITY-ST-ZIP		
STREET ADDRESS	701 BRICKELL AVE., SUITE 850	STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI FL 33131-2851			
DOCUMENT #	P35376	STREET ADDRESS	CITY-ST-ZIP	
NAME	GEHN ENT. LTD. COMPANY	CITY-ST-ZIP		
STREET ADDRESS	4 COLUMBUS CENTER			
CITY-ST-ZIP	ROADTOWN,TORT,B.V.I.			
DOCUMENT #		STREET ADDRESS	CITY-ST-ZIP	
NAME		CITY-ST-ZIP		
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #		STREET ADDRESS	CITY-ST-ZIP	
NAME		CITY-ST-ZIP		
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DOCUMENT #		STREET ADDRESS	CITY-ST-ZIP	
NAME		CITY-ST-ZIP		
STREET ADDRESS				
CITY-ST-ZIP				

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAVIER DE ONDURY

4/20/01

305-381-8340

Date

Daytime Phone #

169800  
AF

CR2E03 (11/00)