

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001913**

1. Entity Name

GOD LOVES YOU LTD.

FILED

02 MAY 22 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

15255 QUAIL ROOST DR.
MIAMI FL 33187

Mailing Address

15255 QUAIL ROOST DR.
MIAMI FL 33187

2. Principal Place of Business

8850 SW 170 ST

Suite, Apt. #, etc.

3. Mailing Address

8850 SW 170 ST.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0859772

Applied For

Not Applicable

Zip

33157

Country

USA

Zip

33157

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERBERT, JUANITA
15255 QUAIL ROOST DR.
MIAMI FL 33187

7. Name and Address of New Registered Agent

Name: CLAUDIO M. PEREZ
Street Address (P.O. Box Number is Not Acceptable): 8850 SW 170 ST.
City: MIAMI FL Zip Code: 33157

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.

4/24/02

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

DOCUMENT #
NAME: PEREZ, CLAUDIO M
STREET ADDRESS: 15255 QUAIL ROOST DR.
CITY-ST-ZIP: MIAMI FL 33187

13. ADDRESS CHANGES ONLY

STREET ADDRESS: 8850 SW 170 ST.
CITY-ST-ZIP: MIAMI FL 33157

DOCUMENT #
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

STREET ADDRESS:
CITY-ST-ZIP:

DOCUMENT #
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CITY-ST-ZIP:

STREET ADDRESS: 900005691729--8
CITY-ST-ZIP: 06/05/02 01014 009
****167.50 ****167.50

DOCUMENT #
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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

CLAUDIO M. PEREZ

Date

4/24/02

Daytime Phone #

(305) 694-4040

CR2E003 (9/01)