

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 MAY -2 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000003061

1. Entity Name  
GINA'S RANCH, LLC

Principal Place of Business

407 PARK PLACE  
HOMESTEAD FL 33030

Mailing Address

407 PARK PLACE  
HOMESTEAD FL 33030

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

~~PEREZ BEHAR & ASSOC., P.A.~~  
13935 NW 1st AVENUE  
MIAMI, FLORIDA 33168

City & State

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, BEHAR & ASSOCIATES, PA  
13935 NW 1ST AVENUE  
N MIAMI FL 33168

7. Name and Address of New Registered Agent

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

FILE NO. FILE IS \$50.00  
Make Check Payable to Department of State

3000004302909--0  
-05/23/01--01105--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE Mem. ☐ Delete  
NAME Sergio Carballo  
STREET ADDRESS 407 Park Place  
CITY-ST-ZIP Homestead, FL 33030

TITLE Mem. ☐ Change ☒ Addition  
NAME Sergio Carballo  
STREET ADDRESS 407 Park Place  
CITY-ST-ZIP Homestead, FL 33030

TITLE Mem. ☐ Delete  
NAME Delia Carballo  
STREET ADDRESS 407 Park Place  
CITY-ST-ZIP Homestead FL 33030

TITLE Mem. ☐ Change ☒ Addition  
NAME Delia Carballo  
STREET ADDRESS 407 Park Place  
CITY-ST-ZIP Homestead, FL 33030

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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)

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