

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90385 041 \*\*\*150.00

**DOCUMENT # L00000003959**

1. Entity Name

**GCP INTERNATIONAL LLC**

Principal Place of Business

**4586 NORTHWEST 25TH WAY  
BOCA RATON FL 33434**

Mailing Address

**4586 NORTHWEST 25TH WAY  
BOCA RATON FL 33434**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0997471**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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 NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **ADRIAN AGOSTINELLI, HORACIO JR.**  
STREET ADDRESS **4586 NORTHWEST 25TH WAY**  
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **MGR** ☐ Delete  
NAME **ADRIANO AGOSTINELLI, HORACIO SR.**  
STREET ADDRESS **4586 NORTHWEST 25TH WAY**  
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **MGR** ☐ Delete  
NAME **GABRIEL ROZENWASSER, SERGIO**  
STREET ADDRESS **4586 NORTHWEST 25TH WAY**  
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **MGR** ☐ Delete  
NAME **ANGEL AGUILERA, MIGUEL**  
STREET ADDRESS **4586 NORTHWEST 25TH WAY**  
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME **AGOSTINELLI, HORACIO JR.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **AGOSTINELLI, HORACIO SR.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **ROZENWASSER, SERGIO**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **AGUILERA, MIGUEL**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 REQUIRED**  
**MIGUEL AGUILERA**

**04/26/02**

**561-488-7422**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)