

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005033

1. Entity Name

G & M CAPITAL, L.L.C.

Principal Place of Business

Mailing Address

1688 MERIDIAN AVENUE  
SUITE 801  
MIAMI BEACH FL 33139

1688 MERIDIAN AVENUE  
SUITE 801  
MIAMI BEACH FL 33139

2. Principal Place of Business

3550 BISCAYNE BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

310

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33137

Country

US

Zip

Country

4. FEI Number 65-1001980

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAENZA, JOSEPH  
1688 MERIDIAN AVENUE  
SUITE 801  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name JOSEPH MAENZA

Street Address (P.O. Box Number is Not Acceptable)

3550 BISCAYNE BLVD # 310

City MIAMI

FL

Zip Code

33137

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

7-18-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 26, 2001

800004495358--8

-07/25/01--01045--025

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
MGRM  
JOSEPH MAENZA  
3550 BISCAYNE BLVD #310  
MIAMI, FL 33137

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

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

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

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

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

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

7-18-01

305-573-4634

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

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE

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