

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005051

1. Entity Name
GENTOL, L.L.C.

FILED

01 MAR 22 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

9350 S DIXIE HWY
PH2
MIAMI FL 33156

Mailing Address

9350 S DIXIE HWY
PH2
MIAMI FL 33156

2. Principal Place of Business

3440 Hollywood Blvd

Suite, Apt. #, etc.
STE 360

City & State
Hollywood

Zip
33021

Country
USA

3. Mailing Address

3440 Hollywood Blvd

Suite, Apt. #, etc.
STE 360

City & State
Hollywood

Zip
33021

Country
USA

4. FEI Number

59-3644179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A ESQ
C/O ROTH ROUSSO & BENJAMIN PA
PH2 9350 S DIXIE HWY
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name Roth, Leonardo A. Esq.

Street Address (P.O. Box Number is Not Acceptable)
STE 360, 3440 Hollywood Blvd.

City Hollywood

FL

Zip Code
33021

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

Leonardo A. Roth

Leonardo A. Roth, Esq.

3/19/01

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

700003912027-7
-03/27/01--01060--024
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
STREET ADDRESS GERPE, JOSE MARIA
CITY-ST-ZIP TUCUMAN 540 PISO 9 OF J
BUENOS AIRES ARGENTINA ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Jose M. Gerpe President Jose M. Gerpe March 14, 2001 (954) 322-4280

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

Date

Daytime Phone #

CR2E083 (11/00)