						1 :	,		.*		. •		
DOCUMENT # L0000005494 1. Entity Name GENEZANO'S GOURMET ICE CREAM, LLC								Þ		FILED			
								01 MAY -2 PM 1:39					
Principal Place of Business 4440 NW 74TH AVENUE MIAMI FL 33166			44	illing Address 140 NW 74TH AVENUE IAMI FL 33166		-		17	ALLA	ETARY OF SHASSEE, F	LORID	Ji garah Asih Bigi	- 16111 6161 1461
				· · · · · · · · · · · · · · · · · · ·			_						
2. Principal Place of Business				3. Mailing Address					**********		0111 E8+14 B81	·	- 18111 8187 1481
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			C	City & State			4. FEI Number			008958		 - -	pplied For lot Applicable
Zip	Zip Country		Z	Zip		Country		5. Certi	ficate of	Status Desired		\$5.00 Ad Fee Require	
6. Name and Address of Current Registered Agent								7. Name	e and A	ddress of New R	egistered	Agent	
						Name							
	Fernando 74th avei					Street A	reet Address (P.O. Box Number is Not Acceptable)						
MIAMI FL					:								· · ·
						City					FI	Zip Coo	le
8. The above	named entity	y submits this stateme	ent for the pu	rpose of changing its	registere	ed office o	r registere	ed agent,	or both,	in the State of Flo	rida.		
SIGNATURE.	Signature, typed	or printed name of registered	agent and title if a	applicable. (NOTI	Registered	d Agent signa	ture required	when reinstation	ng)		DATE		
				FILE NO	1	11	-						
				Make Check Pa	• 9			State					
9.		MANAGING ME	EMBERS/ME	BERS/MEMBERS						ADDITIONS/	CHANGE	š	
TITLE	MANAGE MEMOET			☐ Delete			nanager /		Jouner do Pulido w 74 Avenue			☐ Change	Addition
NAME					NAME	ET ADDRESS	rem	ando	141 74	au Avenue			
STREET ADDRESS City-St-Zip						ST-ZIP	Mra	mis	EL'	33/66			
TITLE	V			Delete	TITLE				<u></u>			☐ Change	☐ Addition
NAME STREET ADDRESS					NAME	ET ADDRESS							
CITY-ST-ZIP						ST-ZIP		1					
TITLE NAME				☐ Delete	TITLE							☐ Change	Addition
STREET ADDRESS					NAME	: Et address			80	00004	315	5135	1
CITY-ST-ZIP					CITY-	ST-ZIP					<u>50-00</u>	01105 ***** □ Change	.003 50.00 -
ITTLE NAME				☐ Delete	TITLE							☐ Change	Addition
STREET ADDRESS						: Et address							
CITY-ST-ZIP					CITY-	ST-ZIP							
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STREET ADDRESS					NAME STREE	T ADDRESS							
CITY-ST-ZIP					CITY-	ST-ZIP							
TITLE *				☐ Delete	TITLE							Change	☐ Addition
STREET ADDRESS					NAME STREE	T ADDRESS							
CITY-ST-ZIP						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 empowers to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Date

2001 UNIFORM BUSINESS REPORT (UBR)