

2001 UNIFORM BUSINESS REPORT (UBR)

0028041 AF

DOCUMENT # L00000006087

1. Entity Name
SEAGULL CONTRACTORS, L.L.C.

FILED
SECRETARY OF STATE

01 APR 23 PM 3:47

Principal Place of Business

14293 SW 9TH TERRACE
MIAMI FL 33184

Mailing Address

14293 SW 9TH TERRACE
MIAMI FL 33184

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

65-1011509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERRERA, JUAN C
14293 SW 9TH TERRACE
MIAMI FL 33184

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ARNALDO CATANHO CORREIA
9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400004133554--4
-05/03/01--01064--005
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SEBASTIAN CATANHO DA SILVA
9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
AMERICO CATANHO DA SILVA
9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156 ☐ Delete

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

TITLE
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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:

Juan C. Herrera 4-17-2001

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

Date

Daytime Phone #

CR2E083 (11/00)