

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000007554**

1. Entity Name

GONZALEZ, GUERNICA & MONTEAGUDO, LLC

Principal Place of Business

**8180 N.W. 36TH STREET, SUITE 230
MIAMI FL 33166**

Mailing Address

**8180 N.W. 36TH STREET, SUITE 230
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**GONZALEZ, MANUEL A
8180 N.W. 36TH STREET, SUITE 230
MIAMI FL 33166**

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**

9. MANAGING MEMBERS/MEMBERS

TITLE **MEMBER** ☐ Delete
NAME **EDUARDO S. GONZALEZ, P.A.**
STREET ADDRESS **8180 N.W. 36 ST., STE 230**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **MEMBER** ☐ Delete
NAME **EDUARDO A. GUERNICA, P.A.**
STREET ADDRESS **8180 N.W. 36 ST., STE 230**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **MANUEL A. GONZALEZ, P.A.** ☐ Delete
NAME **8180 N.W. 36 ST., STE 230**
STREET ADDRESS **MIAMI, FL 33166**
CITY-ST-ZIP

TITLE **MEMBER** ☐ Delete
NAME **ISEIA H. MONTEAGUDO, P.A.**
STREET ADDRESS **8180 N.W. 36 ST., STE 230**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **000003819370--2**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **-03/08/01--01837-029**
*******50.00 *****50.00**

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

MANUEL A. GONZALEZ

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

Date

Daytime Phone #

2/13/01 (308) 4777447



DO NOT WRITE IN THIS SPACE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AT

CR2E083 (11/00)