

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90031 047 ****50.00

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**

000400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1017480

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MEM	<input type="checkbox"/> Delete
NAME	GONZALEZ, EDUARDO S PA	
STREET ADDRESS	8180 N.W. 36TH STREET, SUITE 230	
CITY-ST-ZIP	MIAMI FL 33166	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MEM	<input type="checkbox"/> Delete
NAME	GUERNICA, EDUARDO A PA	
STREET ADDRESS	8180 N.W. 36TH STREET, SUITE 230	
CITY-ST-ZIP	MIAMI FL 33166	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MEM	<input type="checkbox"/> Delete
NAME	GONZALEZ, MANUEL A PA	
STREET ADDRESS	8180 N.W. 36TH STREET, SUITE 230	
CITY-ST-ZIP	MIAMI FL 33166	

TITLE	MEM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, MANUEL A, CPA PA	
STREET ADDRESS	8180 NW 36 STREET, SUITE 230	
CITY-ST-ZIP	MIAMI, FL 33166	

TITLE	MEM	<input type="checkbox"/> Delete
NAME	MONTEAGUDO, ISELA H PA	
STREET ADDRESS	8180 N.W. 36TH STREET, SUITE 230	
CITY-ST-ZIP	MIAMI FL 33166	

TITLE	MEM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTEAGUDO, ISELA, CPA, PA	
STREET ADDRESS	8180 N.W. 36 STREET, SUITE 230	
CITY-ST-ZIP	MIAMI, FL 33166	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

Date

Daytime Phone #

4/25/02

305-477-7447

CR2E083 (9/01)