

2001 UNIFORM BUSINESS REPORT (UBR)

0008047 AF

DOCUMENT # L00000008795

1. Entity Name
GESUALDI & GONZALEZ, LLC


Principal Place of Business
3554 W. 80TH ST., UNIT 102
HIALEAH FL 33016

Mailing Address
3554 W. 80TH ST., UNIT 102
HIALEAH FL 33016

FILED

01 FEB 12 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
4160 W 16th AVE.
Suite, Apt. #, etc. 202

3. Mailing Address
Suite, Apt. #, etc.

City & State
HIALEAH, FL

City & State

Zip 33012 **Country** U.S.A.

Zip **Country**

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1028032 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

GESUALDI, LOUIS F
3554 W. 80TH ST., UNIT 102
HIALEAH FL 33016

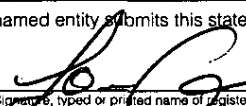
7. Name and Address of New Registered Agent

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  **MEMBER** **2-8-00**
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

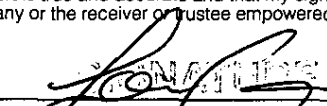
9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER LOUIS GESUALDI 3554 W 80TH ST., UNIT 102 HIALEAH, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER JORGE GONZALEZ 14878 S.W. 140 ST. MIAMI, FL 33196	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003719191-2 -02/19/01--01136--020 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **2/8/00** **305-818-0711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)