

2001 UNIFORM BUSINESS REPORT (UBR)

0022806 AF

DOCUMENT # L00000011242

1. Entity Name
GAS GAS MOTORS OF AMERICA LLC

FILED

01 APR -4 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
622 GREENGLEN LANE
PALM HARBOR FL 34684-3012

Mailing Address
622 GREENGLEN LANE
PALM HARBOR FL 34684-3012



2. Principal Place of Business
Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

City & State
Zip Country

4. FEI Number
59-3675509

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JACOBSON, RICHARD A
501 E. KENNEDY BOULEVARD, SUITE 1700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
JUAN C. ROMERO

Street Address (P.O. Box Number is Not Acceptable)
622 GREENGLEN LN.

City
PALM HARBOR FL Zip Code
34684

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

JUAN C. ROMERO
MANAGER

(NOTE: Registered Agent signature required when reinstating)

3/23/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

900003996079--5
-04/13/01--01014--025
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	MGRM	GAS GAS MOTOS S.A.	622 GREENGLEN LANE PALM HARBOR FL 34684-3012	<input type="checkbox"/>
	MGRM	ROMERO, JUAN C	622 GREENGLEN LANE PALM HARBOR FL 34684-3012	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

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

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

JUAN C. ROMERO
MANAGER

3/23/01

Date

Daytime Phone #

CR2E083 (11/00)