


L00000011588

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011588

1. Entity Name
GLXXI LLC



FILED
03 JUL 31 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13124 Heather Moss Dr.

Suite, Apt. #, etc.
519

City & State
Orlando FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number
65-1043704

Applied For
 Not Applicable

Zip
32837

Country
Orange

Zip
Orange

Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Cuevas & Rubin

Street Address (P.O. Box Number is Not Acceptable)
~~536 Baltimore West~~
Coral Gable

City
Coral Gable FL Zip Code
33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

00018688662
05/12/03--01005--018 **200.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Giossepe Galizia MGRM</u> <u>ST. La Vieja 2s Bosque Real</u> <u>TW 8-B La Trinidad - Venezuela</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Pietro Galizia MGRM</u> <u>Ks. Don Alejandro APT 10-B</u> <u>Chara llave - Venezuela.</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Amarelys Galizia MGR</u> <u>13124 Heather Moss Dr.</u> <u>Orlando FL 32837</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Orsula Lorelli MGRM.</u> <u>Av. Arturo Michelena - 9ta</u> <u>Lizmar La Trinidad Venezuela</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

STATEMENT

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: Amarelys Galizia Date: 4/25/03 Daytime Phone #: 407-8541572

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

CR2E083B (12/02)