

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011955

1. Entity Name

G & B INTERIOR DESIGN, L.L.C.

FILED

JUL 16 AM 8:47

Principal Place of Business

Mailing Address

16400 COLLINS AVENUE, SUITE 1941
MIAMI BEACH FL 33160

16400 COLLINS AVENUE, SUITE 1941
MIAMI BEACH FL 33160

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3755 OAK RIDGE CR

Suite, Apt. #, etc.

3. Mailing Address

3755 OAK RIDGE CR

Suite, Apt. #, etc.

City & State

WESTON, FL

City & State

WESTON, FL

4. FEI Number

65-1044938

Applied For

Not Applicable

Zip

33331

Country

USA

Zip

33331

Country

USA

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

Name

ALVARO CASTILLO-B., P.A.
1390 BRICKELL AVENUE SUITE 200
MIAMI FL 33131

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 September 26, 2001

100004488641--3
-07/23/01--01001--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME GIGI INTERIOR DESIGN, INC.
STREET ADDRESS 16400 COLLINS AVENUE, SUITE 1941
CITY-ST-ZIP MIAMI BEACH FL 33160 ☒ Delete

TITLE MGR
NAME BRIPEC ENTERPRISES INC
STREET ADDRESS 3755 OAK RIDGE CR
CITY-ST-ZIP WESTON, FL, 33331 ☐ Change ☐ Addition

TITLE MGR
NAME BRIPEC ENTERPRISES, INC.
STREET ADDRESS 3755 OAK RIDGE CIRCLE
CITY-ST-ZIP WESTON FL 33331 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

SIGNATURE REQUIRED
BRIPEC ENTERPRISES INC
07/03/2001 (954)3497616

CR2E083 (5/01)

STAPLE CHECK HERE